

**Lost Trail Snowsports School
Freeride Team**
Dates: January 8 2022 – February 19 2022

Name: _____ Age: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ E-mail: _____

I am a Skier _____ I am a Snowboarder _____

Please check appropriate blocks:

I am applying for full program (Coach, Lifts) \$330.00 _____

I have season pass # _____ (Coaching only) \$180.00 _____

I wish to be registered for Cold Smoke (Date TBD) \$ 50.00 _____

Total: _____

Fees must be received by start of program

If, in case of injury to my child, while participating in the Lost Trail Snowsports School Freeride Team during the hours of 10 am and 3pm, I am authorizing medical treatment recommended by the Lost Trail Ski Patrol and attending physicians. Actions may include winter emergency care treatment, transport to ski area medical facilities, transport to Marcus Daly Memorial Hospital and treatment by the attending E.R. physician.

Parent or Guardian Signature _____

Mail to:	
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Lost Trail Snowsports School
PO Box 441
Hamilton, MT 59840