

Lost Trail Snowsports School

All Mountain Program

Dates: 1/7/2023 or 1/8/2023 Through 2/25/2023 or 2/26/2023

No Instruction on 2/18/23 or 2/19/23 For President's Day Weekend

Name: _____ Age: _____

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

Phone: _____ E-mail: _____

I am a Skier _____ I am a Snowboarder _____

If returning, who was your instructor: _____

Describe your Skiing/Boarding (Check one)

- Advanced Beginner:** I ski/board on green runs. I can link turns on green terrain.
- Intermediate:** I ski mostly parallel on green and some easy blue terrain. I board on all green terrain and working on easy blue terrain.
- Intermediate/Advanced:** I am skiing parallel on groomed green and blue terrain, feel uncomfortable on black or un-groomed runs. I am able to ride (board) most blue terrain, exploring riding switch, and easy bumps.
- Advanced:** I am able to make parallel turns on blue and some black terrain, and would like to move to more advanced terrain and snow conditions. I am able to ride all blue terrain in varied conditions and want to explore more advanced terrain and freestyle.

I ride confidently on:

- All Green Runs Blue Runs Some Black Runs

Please check appropriate blocks:

I am applying for full program (coach and lifts) \$350.00 _____

I have season pass # _____ (coach only) \$220.00 _____

I would like to buy a punch card for rentals during program \$ 40.00 _____

I would like to buy a punch card for lunches during program \$ 50.00 _____

**In order to get into the best class please remit the completed form and full payment by 12/31/22*

I will be attending on: Saturdays _____ Sundays _____

If, in case of injury to my child, while participating in the Lost Trail Ski School All Mtn. Program, during the hours of 10 am and 3 pm, 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: Lost Trail Snowsports School PO Box 441 Hamilton, MT 59840	Email to: skischool@losttrail.com
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I realize that skiing, like any sport, has inherent risk for injury. In case of injury, I will not hold Lost Trail Ski & Board School or Lost Trail Ski Area responsible.