

# TO ENROLL:

Complete this form and mail with your payment to:  
**SKI MASTERS SKI SCHOOL, INC.**  
 1644 215th Pl SE, Sammamish, WA 98075 OR FAX (425) 392-8099

last name \_\_\_\_\_ first name \_\_\_\_\_ male/female \_\_\_\_\_ Age \_\_\_\_\_ ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
 birthdate \_\_\_\_\_  
 address \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_  
 ( \_\_\_\_ ) ( \_\_\_\_ )  
 home phone \_\_\_\_\_ cell \_\_\_\_\_ pick-up point for bus transportation \_\_\_\_\_  
 parent name(s) \_\_\_\_\_ email \_\_\_\_\_  
**New to Ski Masters**     Yes     No    **Speed:**     Fast     Average     Cautious  
**Experience Level:**    Years of experience \_\_\_\_\_ Years of lessons \_\_\_\_\_ Where \_\_\_\_\_

## PLEASE REGISTER ME FOR:

**Ski Classes**

**Snowboard Classes**

### YOUR SKIING EXPERIENCE

- Never Skied
- Gliding Wedge (rope tow/magic carpet)
- Wedge Turn (beginner chair)
- Wedge Christy (intermediate chairs)
- Almost Parallel (intermediate chairs)
- Parallel (intermediate/some advanced chairs)
- Strong Parallel (advanced chairs)
- Advanced (advanced chairs, most conditions)

### YOUR SNOWBOARDING EXPERIENCE

- New to snowboarding
- Able to use lifts and ride easy green
- Able to make turns on green terrain
- Comfortable riding blue terrain
- Comfortable riding black terrain
- Able to handle anything the mountain can throw at you

### Weekends at The Summit

	Sat.	Sun.	am*	or pm*
Parent/Tot .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini Masters .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student - half day .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student - all day .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorer (Ski) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freestyle (Snowboard) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jr. Instructor Training .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bus Transportation</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Indicate your preference for a morning or afternoon class time. Please realize that we will do our very best to accommodate your preference. On rare occasions we are unable to accommodate your preference.*

### Nights at The Summit

- FRIDAY NIGHT – All Ages**
- Mini Master .....
- Student .....
- Adult .....

### Midweek at Stevens & Crystal

- |                                 | Wed.                     | Thur.                    |
|---------------------------------|--------------------------|--------------------------|
| Adult Classes .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Adventure .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Bus Transportation</b> ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### Payment Information

Ski Lessons                    \$ \_\_\_\_\_

Bus Transportation            \$ \_\_\_\_\_

Ski School Emblem (\$3.00) \$ \_\_\_\_\_

**TOTAL**                            \$ \_\_\_\_\_

Check     Cash     VISA     MasterCard     Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Print Name of Cardholder \_\_\_\_\_

## PARTICIPATION AGREEMENT

Class and bus spaces are reserved for the entire session. There are no refunds or make up sessions if a student misses a day. Lessons and bus rides are not transferable. If a session is postponed due to weather conditions, the program will automatically be extended until all sessions are completed. If the program cannot be completed by April 1st, any unused tuition will be credited to the following year. **Refunds are only given for documented illness, injury, or relocation from the area. A \$20 per individual administration fee will be charged when issuing a refund for any reason.**

**INSURANCE:** All students should have medical insurance to cover any accident which may occur.

**RELEASE OF LIABILITY:** I agree that I will not sue or make a claim against Ski Masters Ski School, Inc., New Stevens LLC, Boyne USA Inc., or any of its owners, officers, agents, or subsidiaries, including but not limited to, Ski Lifts Inc., Crystal Mountain, Inc., and the U.S. Government or any of (their/its) employees, agents, contractors, subsidiaries, officers ("Released Parties") for any loss, injury or damage resulting from any cause including negligence, which arises out of my participation in any activity at the ski area, including but not limited to, use of the slopes, equipment, or any of the facilities or services on the premises.

I further agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** Ski Masters Ski School, Inc., New Stevens LLC, Boyne USA Inc., or any of its owners, officers, agents, or subsidiaries, including but not limited to, Ski Lifts Inc., Crystal Mountain, Inc., and the U.S. Government or any of (their/its) employees, agents, contractors, subsidiaries, officers ("Released Parties") for any loss, injury or damage which arises out of my participation as described above. This release is also binding as to any other person, including all family members, heirs, and executors.

**PHOTO/VIDEO RELEASE – I, the undersigned participant and/or parent or guardian of the minor participants, give my permission to have photos/video taken, without recompense, during Ski Masters Ski School activities for use in promotional, educational, and advertising purposes.**

If I am signing on behalf of a minor: I accept full responsibility for all medical expenses and claims related to the minor's participation in any activity as described above. I agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** the Released Parties from all claims brought by or on behalf of the minor.

★ \_\_\_\_\_  
 Student Signature

★ \_\_\_\_\_  
 Signature of Parent/Legal guardian if student is under 18

Print Name \_\_\_\_\_ Date \_\_\_\_\_