



FILLED OUT BY STAFF

Program: _____

Cost: _____

Date of payment: _____

Signature: _____

REGISTRATION

Name: _____

Age: _____ Birthday: _____

Pre-existing medical conditions: Yes No
If Yes, what: _____

Medication: _____

Ski Snowboard

Years of riding: _____

Program /Lesson: _____

Participant/
Parents name: _____

address: _____

Phone number: _____

Email address: _____

**NOTICE TO ALL USERS OF THESE PREMISES AND FACILITIES
EXCLUSION OF LIABILITY ASSUMPTION OF RISK**

The use of these premises and participation in activities on the premises are subject to the conditions set out in the Exclusion of Liability and Assumption of Risk Notice, which is posted throughout the premises. These conditions will affect your legal rights including the right to sue for negligence or breach of contract or breach of statutory duty of care under the Occupiers Liability Act.

PLEASE READ THE NOTICE CAREFULLY

Parents/ Participant signature

_____ Date _____