

PEAK PERFORMANCE CAMP APPLICATION

ATHLETE INFORMATION

Athlete: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Phone 1: _____ Phone 2: _____

E-mail: _____ Ski Club/Team: _____

Emergency Contact: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

FALL CAMP – COPPER MOUNTAIN, COLORADO

Adult Camp Session	Before Sept 15th	After Sept 15th	Total
November 12–19.....	\$1,775.00.....	\$1,875.00.....	\$ _____
With private room.....	\$2,075.00.....	\$2,175.00.....	\$ _____
Without lodging.....	\$1,225.00.....	\$1,325.00.....	\$ _____

Junior Camp Sessions	Before Sept 15th	After Sept 15th	Total
B: November 16–26.....	\$1,895.00.....	\$1,995.00.....	\$ _____
C: November 19–26	\$1,575.00.....	\$1,675.00.....	\$ _____
D: November 26–Dec. 3.....	\$1,575.00.....	\$1,675.00.....	\$ _____

Total Amount Enclosed \$ _____

Check # _____

Deposit (minimum \$200) \$ _____

Balance Due November 1st \$ _____

TRAVEL INFORMATION

Arrival date: _____ Airline _____ Time/DEN: _____ Flight # _____

Departure date: _____ Airline _____ Time/DEN: _____ Flight # _____

Please attach flight information or send it as soon as it is available. If not traveling by plane, please provide your travel plans. Campers in sessions A & B will need to book Resort Express for transportation from Denver to Copper. Ground Transportation to and from Denver Airport will be provided for campers in session C, please book flights arriving before 1:00 PM on 11/21. On Nov. 28, flights should depart after 9:00 AM.

Liability Release

In consideration of the acceptance of my application to the Peak Performance Ski Racing camp programs, the receipt of such acceptance being hereby acknowledged, the undersigned hereby releases Mt. Washington Valley/Peak Performance Ski Camps, Timberline Ski Area, Copper Mountain Ski Area, and their agents, officers, servants, and employees of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injuring, including death, that may be sustained by the undersigned, or any property of the undersigned, while participating in, or enroute to or from the programs of the Peak Performance Ski Camps.

The undersigned, being duly aware of the risks and hazards inherent in the sport of ski racing, hereby elects voluntarily to enter in Peak Performance Ski Racing Program, knowing the nature of said program.

This release shall be binding upon the distributes, heir, next of kin, executors, and administrators of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledges and represents:

- A. That he/she has read the foregoing release, understands it and signs it voluntarily.
- B. That he/she is over 21 years of age and of sound mind, if he/she is younger than 21 years of age, that his/her parent or guardian is over 21 years of age and of sound mind, who has read the foregoing release, understands it, and signs it voluntarily.

Racer's Name (please print): _____

Racer's Signature: _____ Date: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

Release Authorization for Medical Attention

I hereby grant permission for a doctor to administer any treatment or anesthetic and perform any diagnostic procedure, operation, or curative remedial procedure they deem necessary or advisable for the care or treatment of the above named race:

Racer's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Medical Insurance Company: _____

Insurance Policy Number: _____

Allergies – food, drugs, etc: _____

Current Medications – explain: _____

Make checks payable to:
Peak Performance Camp
Box 291, Intervale, NH 03845.