



ASESSIPPI ACES HIGH REGISTRATION FORM

Childs name _____

Age _____ Birth Date _____

Parent's name(s) _____

Address _____

Email _____

Home Phone _____ Cell _____

On-hill Contact Name & Phone # _____

Skiing or Snowboarding? _____

How long has your child been skiing/snowboarding? _____

PROGRAM

Asessippi Aces Program information 2011/2012 Season

This ski and snowboarding development program will run for 10 weeks starting January 7, 2012. Sessions will be every Saturday, from 10 am to 4 pm, with a break for lunch. The cost is \$350.00 payable upon registration to Asessippi Ski Area. All club members are responsible for their own equipment and lift passes. To enquire about both equipment and seasons passes, contact Lichelle at 564-2000 ext 109 for details as there are seasonal rentals and super pass pricing.

Asessippi Aces policy on cold weather is as follows. If Asessippi is open and lifts are running then we will hold the scheduled weekly session. **Returning Aces please bring your development booklets to first lesson.** Please make sure to fill out the following waiver and medical consent form.

ASESSIPPI ACES MEDICAL CONSENT FORM

In the event of an emergency, I hereby authorize the Asessippi Aces organizers and coaches to consent to any medical or surgical care advised by licensed health care providers. I hereby release Ski Asessippi LTD partnership from any liability, legal or financial, for emergency care provided for my child. I expect to be informed as soon as possible.

Parents/legal guardian signature _____

Date _____

MB or SK Medical #: _____

Please supply MB - 6 & 9 digit numbers, SK - number & expiry date