

# WOODSTOCK SKI RUNNERS

## Friday Program

### 2016-2017 REGISTRATION FORM

Online registration is also available at [www.skirunners.org](http://www.skirunners.org).

Last Name of Skier: \_\_\_\_\_ First Name of Skier: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Age as of 12/31/16 \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>REGISTRATION DEADLINE December 18, 2016!</b>
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**ON or BEFORE**  
**12/01/2016**

**AFTER**  
**12/01/2016**

#### FRIDAY PROGRAMS

All programs are held at Suicide Six Ski Area

**Alpine Skiing: for age 6 and up:**

**Ski helmet required to participate**                      \$75.00 \_\_\_\_\_                      \$85.00 \_\_\_\_\_

**Snowboard age 9 and up**

**Ski helmet and leash required to participate**                      \$75.00 \_\_\_\_\_                      \$85.00 \_\_\_\_\_

**Returning Skiers:** Indicate group # or level completed last year: \_\_\_\_\_

**New Participants:** Please check level of skiing ability.

Never Skied \_\_\_\_\_ Beginner \_\_\_\_\_ Advanced Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Please give a brief description of your child's skiing ability \_\_\_\_\_

In consideration of the offer of Woodstock Ski Runners, a nonprofit organization to provide supervised skiing instruction and competitive skiing for children in the area, we, the parents of the above named child, do hereby give our consent to his/her participation in any of the Ski Runner programs during the winter season 2016-2017 and agree to indemnify and hold harmless the Woodstock Ski Runners program and Suicide Six Ski Area, its members, directors, instructors, agents and representatives, whether paid or unpaid by Woodstock Ski Runners from all liability whatsoever for injuries sustained by said child, whether during instruction, practice, training, competition or while otherwise directly engaged in ski activities under the direction and supervision of Woodstock Ski Runners.

➤ **Parent's Name (please print):** \_\_\_\_\_

➤ **Parent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Make check payable to Woodstock Ski Runners and mail with Registration and Health Release Form to: PO Box 171, South Pomfret, VT 05067.**