

For Office Use Only	
Program Name _____	
Season Pass # _____	
Purchase Date _____	Amount Pd \$ _____



Discipline- Snowboard: _____ **Ski:** _____

PROGRAM PARTICIPANT'S DETAILS

Please complete **ALL** the information requested below. Please print clearly using black or blue ink.

Participant's Full Name..... Age:

Parent's Full Name:

Address:.....

City:.....State:.....Zip:

Phone(Day):(Evening).....(Mobile)

E-mail Address:

Experience: Intro Intermediate Advanced

Please briefly describe your previous Terrain Park experience:

.....

.....

PROGRAM TERMS & CONDITIONS - DECLARATION & ACCEPTANCE

Please read carefully before completing and signing

1. I acknowledge that skiing and snowboarding, like many other sports, contains inherent risks including but not limited to the risks of personal injury, death or property damage which may be caused by variations in terrain or weather conditions, surface or sub-surface snow, ice, bare spots or areas of thin cover, moguls, ruts, bumps, other persons using the facilities, rocks, forest growth, debris, branches, trees, roots, stumps or other natural objects or man-made objects that are incidental to the provision and/or maintenance of a snow-sports facility in the states of New York and Massachusetts. In this regard, I agree to be bound by the provisions of Mass. G. L., Ch 143, Sec 71P or NYS Gen Obligations Law, Article 18, as applicable.
2. I understand that a season on-mountain pass must be purchased and will be issued to the participant named herein as part of this program. I further understand that a fee of \$5 may be levied in respect of a forgotten pass (one occasion only permitted after which it will be treated as a lost pass) and \$30 for the issue of a replacement pass.
3. I understand that the participant's on-mountain privileges may be revoked for 1. Vandalism, theft or destruction of property owned by Catamount or others; 2. Use or sale of prohibited or restricted substances or alcohol on the Catamount property; 3. Selling, transferring or loaning of an on-mountain pass of any description; 4. Reckless behavior of any description on or off the mountain, 5. Entering or using closed trails and areas; 6. Misuse of on-mountain lifts or 7. Misuse of the on-mountain permit.
4. I hereby certify that all information submitted on this form is true and correct to the best of my knowledge and belief.
5. I acknowledge that the Catamount Freestyle Team Program is a pre-paid program. **I further acknowledge and agree to pay the full cost of my participant's enrollment in this program in the amount of \$_____ I have provided my preferred payment method and information on the back.**
6. I have carefully read the Rules, Policies, Terms and Conditions of this program and agree to be bound by the same.

Parent's Signature Participant's Signature Date:.....



**FREESTYLE TEAM
PROGRAM RATES
2011-2012**

STARTS JANUARY 7th	
ENDS FEBRUARY 26TH	
SATURDAYS & SUNDAYS	ONLY \$275
10:00 TO 12:00- INTRO	
1:00 TO 3:00- INTERMEDIATE ADVANCED	

SEASON PASS HOLDER BENEFITS

- ❖ Incredible savings for your season's skiing/riding.
- ❖ Substantial discount No delay access to the mountain – make first tracks every day.
- ❖ Discounts at a variety of local restaurants & ski shops from Hudson to Great Barrington.
- ❖ Discounted lift tickets at selected other ski areas

PROGRAM PAYMENT

I have enclosed my cash/check or money order **OR** I authorize Catamount to charge my credit-card as below.

Credit Card Type: Visa MasterCard American Express Discover Check # _____

Credit Card # **Zip Code**

Name on Card Exp. Date **V Code**

Cardholder's Signature Date