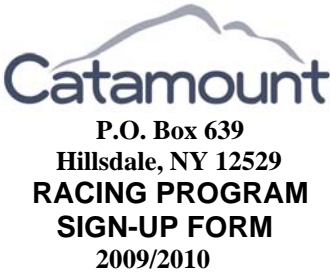


For Office Use Only	
Program Name _____	
Season Pass # _____	
Purchase Date _____	Amount Pd \$ _____



PROGRAM PARTICIPANT'S DETAILS

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

Participant's Full Name..... **Date of Birth:**

Parent's Full Name:

Program Type: Tri-State: _____ Interclub: _____ **T-Shirt Size:** _____

Address:.....

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

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

E-mail Address:

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 Racing Program is a pre-paid program. **I further acknowledge and agree to pay the full cost of my participant's enrollment in this program along with the parents association membership fee in the amount of \$..... I have provided my preferred payment method and information below.**
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:

PROGRAM PAYMENT

I have enclosed my check or money order **OR** I authorize Catamount to charge my credit-card (details below)

Credit Card Type: Visa MasterCard American Express Discover

Credit Card #: Name on CardExpiry Date

Cardholder's Signature Date



RACE PROGRAM PRICING INFORMATION:

	BEFORE OCT 31 ST	BY NOVEMBER 30TH
INTERCLUB	\$530	\$575
TRI-STATE	\$620	\$665
RACE CAMP (Dec 26 th -Dec 31 st)	\$350	\$350
PARENT ASSOC. FEE	\$30	\$30