



REGISTRATION FORM

Child's Name _____ **Age** _____ **D.O.B.** _____

Please list any: Medications, Special Conditions, Food Allergies:

Parent/Guardian _____

Phone _____

Emergency Contact Name _____

Phone _____ **Relationship** _____

Skill Level: First Time _____ Beginner _____ Intermediate _____ Advanced _____

Ski _____ **Board** _____

Will you be on the premises during the lesson? _____

(* If you will be leaving the premises, please complete a Medical Authorization Form.)

To whom can your child be released? _____

(*Driver's license/photo Id or security number must be presented at dismissal*)

Optional

Do you give your permission to Greek Peak to capture and use your child's image by means of photography, videotape, film, audio recording, or other means during his/her use of the Greek Peak facilities, and consent to the use of any and all recorded or captured material in future publications, reproductions, or in any and all media, whether now known or hereafter developed? _____

Acknowledgement of Risk

I understand that my child will be participating in an inherently dangerous activity and that snow sports are action sports in which accidents and injuries can occur. I authorize Greek Peak Holdings LLC., to obtain treatment in the event of an emergency. I agree to be responsible for any injuries and for medical treatment that may result from the children's programs.

I agree to indemnify and hold harmless Greek Peak Mountain Resort and its officers, directors and employees against any claims, losses or litigation as the result of these activities. I have received a copy of the Skier Responsibilities and Duties card.

Parent/Guardian Signature _____ **Date** _____