



REGISTRATION FORM

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

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

Parent/Guardian _____

Cell Phone _____ **Local Phone** _____

E-mail Address _____

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.)

Do you give your permission for your child to enter Terrain Parks? Yes No

To whom can your child be released? _____

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

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 Peak Resorts, Inc. 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** _____