

Park Pals Program Registration Form 2019-2020

Child's Name _____ Date of Birth _____ (male/female) _____
Address _____ Town _____ State _____ Zip _____
Home phone _____ Grade and Name of School Child Attends: _____
E-mail Address _____ Ok to e-mail me for updates & volunteer requests
Parent or Guardian Name _____ Cell phone/Work phone _____
Parent or Guardian Name _____ Cell phone/Work phone _____

Please circle any medical conditions that we should be aware of:

Asthma _____ Heart Disease _____ Convulsions/seizures _____ Diabetes _____ Other _____

Please circle and note any allergies we should be aware of:

Medications _____ Foods _____ Other _____

Physician Name: _____ Phone: _____

In case of emergency, and if I can not be reached, I, _____, give permission to Farmington Ski Club and Titcomb Mountain to request professional medical assistance on behalf of my child _____.

Skills Levels and Experience

Please Check the boxes corresponding with tricks the participant can do prior to this programs:

180 Spin _____ Ride Switch _____ Front Flip _____
360 Spin _____ Slide Boxes _____ Back Flip _____
540 Spin _____ Slide Rails _____ Inverted Aerials _____

Release of Liability

I hereby release the Franklin Ski & Outing Club Inc, its members, volunteers or agents, and any person officially connected with the Titcomb Mountain Ski Area, and the Titcomb Mountain Ski Education Foundation from any and all liability for any injury(s) or damage(s) arising from my (or my child's) participation in Franklin Ski & Outing Club sanctioned activities. Including but not limited to: Nana Webber, Saturday Ski and Snowboard School, Bill Koch, Farmington Area Ski Team (FAST), and Buddy Werner recreational racing programs. I sign this waiver with the full knowledge and understanding of the inherent risk involved in all forms of skiing, snowboarding and all winter activities.

Notice:

The Farmington Ski Club may take photographs of groups of children in lessons and programs for program promotion or descriptions. You MUST contact the program directors or the Titcomb Mountain Manager if you do NOT want your child photographed.

Signed: _____ Date: _____
Parent or Guardian

Printed name: _____ Relationship: _____

Date _____	Cash or Check # _____	Amount Paid _____	FSC Rep _____
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