## **Alpine Race Program Application**



(please print:)



2017

## **RACE PROGRAM:**

- Training will begin the week of January 2, 2017.
- In case of cancellation due to weather, make up sessions will be scheduled by the coach and Pats Peak.
- No refunds or individual make-ups.

<sub>Team Name:</sub> Pembroke <i>i</i>	Academy		
<sub>Coach's Name:</sub> Jonathan	Miner / David Go	oulet	
Training Day(s): Monday	- Tuesday	Training Time:	3:30pm - 5:30pm
Name Of Racer:			
Date of Birth:	Phone:	Email Addres	s:
Mailing Address:			
Town:		State:	Zip:
Emergency name and phone:			
COACH'S SIGNATURE:	fonatta		DATE: 11/9/2016
	~Relea	se of Liability-	-
	nated. I also understand that the s	tudents participation in the Program m	e Program involves exposure to the inherent risks of skiing nay require the use of ski lifts and that the student may ride injury.
	AT THIS IS A RELEASE OF LIAB		RELEASE OF LIABILTY AS PRINTED ON THE BACK OF EEN ME AND THE RELEASES THAT LIMITS MY LEGAL
RACER'S SIGNATURE:			DATE:
PARENT'S SIGNATURE::	If racer is under 18, parents must s	sign	DATE: