

# CRABBE MOUNTAIN

## Adult Seasonal Program Registration 2019-2020

Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergy or Medical Condition (Specify): \_\_\_\_\_

\*E-Mail (Required, Please print clearly): \_\_\_\_\_

### PROGRAM INFORMATION

Program Name you are register for: \_\_\_\_\_

**Program Lift and Rental Packages Available / Program prices DO NOT include Lift Ticket or Rentals**

**Program Lift Ticket Adult \_\_\_\_\_ Seasonal Rental \_\_\_\_\_**

\*Seasonal Ticket option is only to be used during scheduled program day... not to be used on any other day

### PLEASE CHECK ONE OF THE FOLLOWING ABILITIES:

- N \_\_\_\_ N = First Time - No experience on skis or snowboard, unable to stop or turn, no experience on chair lifts  
1 \_\_\_\_ 1 = Limited experience on lifts, skier / snowboarder can turn in both directions and stop.  
2 \_\_\_\_ 2 = Little or no assistance required on lifts. Able to link turns with confidence on intermediate trails  
3 \_\_\_\_ 3 = Ski / Snowboard regularly. Able to ski / snowboard with speed and control.

### Liability Release Waiver: Please read carefully

Ski Crabbe Mountain Limited will not be held responsible for any injury or damage which may occur or result from using the facilities of Crabbe Mountain. "I accept all responsibility for injury or damage which may occur or result from using the ski facilities of Crabbe Mountain. I also agree to abide by the rules and regulations of Crabbe Mountain established from time to time. I understand by signing this agreement I am waiving certain legal rights which I or my kin, executors, administrators and representatives may have against the area operator."

Participant/ Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

	Amount
<b>A. Program Price</b>	
<b>B. Lift (Optional)</b>	
<b>C. Rental (Optional)</b>	
<b>D. Hst (15%)</b>	
<b>Total</b>	

\*All cancellations subject to a \$20 administration fee.

### PAYMENT

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Cheque     | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Visa       | <input type="checkbox"/> Cash             |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Gift Card        |

Credit Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Email :** onsnow@crabbemountain.com

**Phone:** 463-8311 ext.225

**Mail to:** Crabbe Mountain  
50 Central Hainesville Rd.  
Central Hainesville, NB  
E6E 1E3