

# CRABBE MOUNTAIN

## 2017-2018 Camp Registration

Participants Name: \_\_\_\_\_ Age: (If Under 19) \_\_\_\_\_

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

Phone Day: \_\_\_\_\_ Phone Evening: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Medicare Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

E-Mail : \_\_\_\_\_ Allergies: \_\_\_\_\_

Ability :

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.

Please indicate what camp your child will be attending camp:

- Three Day Camp
- Two Day Camp
- Christmas
- New Year's
- March Break
- Ski
- Snowboard

Does your child need rentals:  Yes  No

Does your child need lift tickets:  Yes  No

Does Your child need lunch with supervision:  Yes  No

### Liability Release Waiver: Please read carefully

Ski Crabbe Mountain 2015 Inc. 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

### PAYMENT

Cheque  Visa  Mastercard  American Express

Cash  Gift Card  Debit

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

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

Fax form to: 506-463-8259

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

Send through Email to:  
onsnow@crabbemountain.com

	Amount
A. Camp Cost	
B. Lift (Optional)	
C. Rental (Optional)	
D. Meal Plan (\$8.70/day)	
E. Subtotal	
F. HST (TAX 15%)	
<b>TOTAL</b>	

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