

2016-2017 Camp Registration

Participants Name:	Date of birth: Postal Code:	
Address:		
Phone Day:	Phone Evening:	·····
Parent/Guardian:	_Medicare Card Number:	Exp:
E-Mail :	_ Allergies:	
Ability:		
N N = First Time - No experience on skis or snow 1 1 = Limited experience on lifts, skier / snowbo 2 2 = Little or no assistance required on lifts. Al 3 3 = Ski / Snowboard regularly. Able to ski / sn	arder can turn in both directions and stop. ble to link turns with confidence on interme	
Please indicate what camp your child will be at	tending camp:	
Three Day Camp] No es □ No
Liability Release Waiver: Please read care Ski Crabbe Mountain 2015 Inc. will not be held responsi the facilities of Crabbe Mountain. "I accept all responsi the ski facilities of Crabbe Mountain. I also agree to at from time to time. I understand by signing this agreeme administrators and representatives may have against the	ble for any injury or damage which may occi ibility for injury or damage which may occur bide by the rules and regulations of Crabbe ent I am waiving certain legal rights which I	or result from using Mountain established
Participant/ Parent or Guardian Signature	Date	
PAYMENT		
Cheque Visa Mastercard American Exp	press A. Camp Cost	Amount
Cash Gift Card Debit	B. Lift (Optional)	
edit Card #	C. Rental (Optional)	
piry Date:	D. Lunch/Supervision	
x form to: 506-463-8259	E. Subtotal	
ail to: Crabbe Mountain	F. HST (TAX 15%)	
50 Central Hainesville Rd. Central Hainesville, NB	TOTAL	
E6E 1E3		

Send through Email to:

onsnow@crabbemountain.com

*All cancellations subject to a \$20 administration fee