

# C R A B B E M O U N T A I N

## Children's Seasonal Program Registration Form 2018-2019

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

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

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

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Parent/Guardian Name #1: \_\_\_\_\_

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

Email Address #1 (Required, Please print clearly): \_\_\_\_\_

Parent/Guardian Name #2: \_\_\_\_\_

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

Email Address #2 (Optional): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **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."

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### **Photo Release Waiver:**

I \_\_\_\_\_, give permission for Ski Crabbe Mountain 2015 Inc. to take pictures of my son/daughter \_\_\_\_\_ participating in their seasonal program. (These pictures may be used in Crabbe Mountain's social media and marketing promotions, such as Facebook, future program brochures, and program group pictures.)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## SEASONAL PROGRAM INFORMATION

Please indicate which program your child is registering for:

Snow Owls    Polar Cubs    Crabbe Mountain Explorers    Crabbe Mountain Riders

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 lift

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

Last Progression Level (only if child was in snow school the previous year): \_\_\_\_\_

Program Day:  Saturday    Sunday

## PROGRAM LIFT AND RENTAL OPTION

\*Program prices DO NOT include lift tickets or rentals.

Program Lift Ticket Option

No, my child does not need a lift ticket option, my child has a season pass

Seasonal Rentals

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

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

METHOD OF PAYMENT	
<input type="checkbox"/> Cheque	<input type="checkbox"/> American Express
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
<input type="checkbox"/> Cash	<input type="checkbox"/> Gift Card

\*All cancellations subject to a \$20 administration

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

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

**Email:** onsnow@crabbemountain.com

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

**Mail to:** Crabbe Mountain

50 Central Hainesville Rd.

Central Hainesville, NB

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