

# Sun Valley All-Mountain Free Ride Team Enrollment Form 2009-2010

Childs Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency  
Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## One Day Program on Saturdays \$530.00

Saturday, December 5, 2009 - March 20, 2010\*

## Two Day Program on both Saturday & Sunday \$800.00

Saturday & Sunday, December 5/6, 2009 - March 20/21, 2010\*

**\*\*Lift tickets are not included\*\***

\*Groups do not meet December 26/27, January 2/3, and February 13/14

Choose ONE and select the level with what you feel most comfortable:

### SKIING Level Assessment

\_\_\_ Level 4: I make controlled turns that begin in a wedge and finish in a parallel skid; I ski on Baldy above Lower River Run.

\_\_\_ Level 5: I start my turns with a wedge and match my skis parallel in the middle of the turn.

\_\_\_ Level 6: I start my turns with a slight wedge and quickly match my skis to parallel. I use poles to turn.

\_\_\_ Level 7: I link parallel turns in an open stance.

\_\_\_ Level 8: I carve short turns in the fall line and medium /long turns across the fall line.

\_\_\_ Level 9: I link dynamic turns in all conditions on any terrain.

### SNOWBOARDING Level Assessment

\_\_\_ Level 3: Intermediate; can make heel and toe side turns

\_\_\_ Level 4: Advanced

\_\_\_ Level 5: Expert

Payment information: \_\_\_ Check Enclosed \_\_\_ Visa \_\_\_ M/C \_\_\_ AMEX

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Send completed application with payment to the Sun Valley SnowSports School.  
P.O. Box 10, Sun Valley, ID 83353 or Fax to (208) 622-2238. For information, call (208) 622-2289



Last Name \_\_\_\_\_ Date \_\_\_\_\_

## Participation Agreement Sun Valley SnowSport School

P.O. Box 10 ▪ Sun Valley, Idaho 83353 ▪ Ring 208.622.2289 ▪ Fax 208.622.2238  
Office Hours – Weekdays 8:00 AM to 5:00 PM

### 2009-2010 All Mountain Free Ride Team

\_\_\_\_\_  
*Participant LAST Name*

\_\_\_\_\_  
*Participant FIRST Name*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Email Address*

I, the participant, to the fullest extent allowed by law, agree to fully release, indemnify, hold harmless, and to not sue **Sun Valley Company** and its parent, subsidiary, brother, sister, and other closely-related affiliate companies, and its and their officers, directors, employees, agents, successors, and assigns for any injuries or damages received while skiing, snowboarding, riding lifts, or using the ski area and/or its facilities (hereafter “skiing”), even if occurring as a result of the **negligence of Sun Valley Company**. I assume all of the risks of skiing including injuries or death. I agree to obey and follow all instructions and signs, ski within my ability and under control at all times, watch for changing weather, and observe and avoid all marked and unmarked hazards. I certify that I am physically fit and able to participate with or without reasonable accommodation. In the event of an injurious incident while attending SnowSports School, I give the Sun Valley Ski Patrol permission to secure medical assistance for me as it sees fit at my expense and responsibility. This release shall not apply to any “public duties” owed by **Sun Valley Company**. If any portion of this agreement is found to be unenforceable, all other parts shall remain in effect.

Persons under the age of 18 (minors) are required to have a parent, guardian or a responsible authorized adult (collectively referred to herein as “Authorized Adult”) read and sign this Agreement. To the fullest extent allowed by law, the Authorized Adult individually and on behalf of the minor(s) has read, understands, and expressly agrees to all of the terms of this agreement. The Authorized Adult agrees to pay all medical bills incurred by the minor(s) and waives all rights of subrogation.

**I HAVE READ, UNDERSTOOD, AND VOLUNTARILY SIGNED THIS RELEASE AND INDEMNITY AGREEMENT.**

\_\_\_\_\_  
*Signature of Participant or Authorized Adult if Participant is a Minor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*If Signing for a Minor, PRINT First & Last Name*

\_\_\_\_\_  
*Phone*