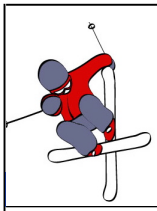
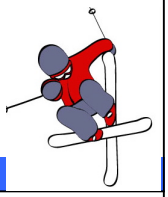


Park City Freestyle Ski Team

Winter 2011-2012 Registraion



Last Name:	**First Name:**	**DOB: / / Age:**
Street Address:		
City:	**State:**	**Zip Code:**
Phone #: ( ) -	**Emergancy Contact and #: ( ) -**	
email address:		

Please include this form with all payments. To ensure proper payment with VISA or MASTECARD. You must fill out the information below in FULL. You may also email your payment if you are using a credit card. All other payments (check or money order) must be done by mail or personally dropped off. THERE ARE NO PAYMENT PLANS. Payment questions should be directed to:
Mick Berry 435.640.8752 or mick@pcfreestyle.com Chris Marchetti 435.513.7773 or chrismarchetti@aol.com
All deposits (50% of tuition) are due by October 25, 2010, in order to ensure a spot on the team. The remaining amount is due the first day of on hill training.

Membership pricing does not include PCMR seasons pass

Programs	**Area of Interest (check box)**			
One Day a Week (Sat or Sun)	Freeride ☐	Big Mountian ☐	Moguls ☐	$1,300
Two Day a Week (Sat & Sun)	Freeride ☐	Big Mountian ☐	Moguls ☐	$1,600
Week End Competitive	Freeride ☐	Moguls ☐	WEC- night skiing included	$2,000
Full Time Team(T,W,Th,Sat&Sun)	Freeride ☐	Moguls ☐	FTT- night skiing included	$2,900
Team Additions				
Black Diamond Gym *	Monday ☐		8-9pm comped w/ membership	
PCMR Night Skiing **	Tuesday and Thursday ☐		5:30-8 pm	$300
UOP Night Skiing **	Wednesday and Friday ☐		Wed & Fri Nights 5:30-8	$300
Team Gym	Yearly Membership ☐			$200

*BDG fee will apply **Night skiing prices only applicable with team membership **total:**

VISA/MASTERCARD -
Card # = _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Exp.Date = _ _ / _ _
Name on the Card: _____
Billing Address: _____
City: _____, State: _____, ZipCode: _____

Signature of Cardholder: _____

I, the above named individual agree to the following terms:
1) I promise to have current Primary Health Insurance Coverage while participating in this event or session.
2) I recognize that Inverted Aerial, and Upright Aerial competition and training pose potential risks of injury, that may or may not result in a permanent disability or death. Recognizing and understanding the potential risks, I accept and understand these risks by virtue of my participation in this program and/or event.

Signature: _____ Parent or Guardian if Under 18:_____
Date: _____/ _____/ _____. ***If a participant is under 18, both the parent and participant must sign.***

Park City Freestyle Ski Team
P.O. Box 982857
Park City, Utah. 84098
or email Mick Berry at mick@pcfreestyle.com