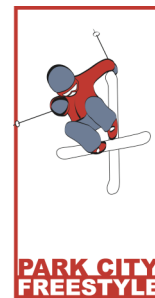


# Park City Freestyle Ski Team Water Ramp Programs 2010 Summer Registration



<b>First Name:</b>	<b>Last Name:</b>	<b>Age:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone #: ( ) -</b>		<b>Emergency Contact &amp; #: ( ) -</b>
<b>Email:</b>		

Please include this form with all payments. All information must be filled in below to accept proper payment for the program, if you are using a VISA/Mastercard/Discover. You may email in your payment if using a credit card. All other payments must be done by mail or personal dropped off.

THERE ARE NO PAYMENT PLANS. Payment questions should be directed towards,  
Mick Berry 435.640.8752 [mick@pcfreesstyle.com](mailto:mick@pcfreesstyle.com) or Chris Marchetti 435.513.7773 [chrismarchetti@aol.com](mailto:chrismarchetti@aol.com).

**\*\*\*\* Does not Include Pass to the UOP \*\*\*\***

**Local Athletes:**

Full Time Team     5 Day a week     A / B 3 Day a week     1 Day a week

Punch pass:  1 session     3 sessions     5 sessions     10 sessions     20 sessions

*\*must call ahead for drop ins*

**Out of Towner:**  3 Day     5 Day     Super Camp A     Super Camp B     Super Camp C

Super camps dates: **A** June 14-20    **B** 26- Aug 1    **C** Sept 6-12

Payment Options: VISA/MASTERCARD/DISCOVER, Personal Check, Money Order or Cash

Visa/Mastercard/Discover- total: \$ \_\_\_\_\_

Card # = \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date = \_\_\_\_ / \_\_\_\_

Name on the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Understanding of Risk:**

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, Trampoline, 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 Under18: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

\*\*\*If a participant is under 18, both the parent and participant must sign.\*\*\*

Mailing Address: Park City Freestyle Ski Team P.O. Box 982857 Park City, UT. 84098

Email: Mick Berry at [mick@pcfreesstyle.com](mailto:mick@pcfreesstyle.com) Fax: (435) 645-6225