



Name : \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Address : \_\_\_\_\_ Cert. Level: I II III - S'board/Ski/Noric  
 City : \_\_\_\_\_, MI Zip : \_\_\_\_\_ Children's: I II trainer  
 Home Phone :( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell :( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone :( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_  
 E-mail Address : \_\_\_\_\_ (changed? Y / N )

Birth Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Saturday Emergency Number :(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Contact person : \_\_\_\_\_  
 Any medical conditions we should be aware of : \_\_\_\_\_

List **Qualified** Children to be enrolled in Program otherwise fill in a membership app for kids:

Name : \_\_\_\_\_ DOB: \_\_\_\_\_ Level : \_\_\_\_\_  
 Name : \_\_\_\_\_ DOB: \_\_\_\_\_ Level : \_\_\_\_\_  
 Name : \_\_\_\_\_ DOB: \_\_\_\_\_ Level : \_\_\_\_\_

Dates Availability: (**Circle**) Available, (**X**) Not Available, (**Blank**) Not Sure.

1<sup>st</sup> date line for **Saturday's**, 2<sup>nd</sup> date line for **Sunday's**

12/21 12/28 1/4 1/11 1/18 1/25 2/1 2/8 2/15 2/22 2/29 3/7 GOLD  
 12/29 1/5 1/12 1/19 1/26 2/2 2/9 2/16 2/23

**Doc Smith Award Contribution (optional)**

Every Season, Blizzard gives Monies to a young instructor toward education, college or PSIA/AASI expenses. This is your chance to contribute toward this fund to further a young instructor's future.

I want to contribute: a) \$ \_\_\_\_\_ b) % \_\_\_\_\_ to be deducted from my pay.

**CONTRACT**

Because of the nature of skiing, I understand that Blizzard Ski & Snowboard School, its Owners, Clinicians, Directors, Instructors and Patrollers cannot be held liable for injuries I may sustain. Blizzard is not responsible for any lost, stolen or damaged equipment.

I am aware that in contracting with Blizzard, I am required to have liability insurance. Blizzard will sell me group insurance for \$80.00 (**Payment must be made by 11/10/2019 to Blizzard for consideration as an instructor with Blizzard Ski and Snowboard School; a copy of this insurance policy is available for review on request**).

\_\_\_\_ I accept coverage & fee \_\_\_\_\_ I decline & will provide proof of Insurance.

In contracting to teach with Ski Kids, Inc., a Michigan Corporation d/b/a Blizzard Ski & Snowboard School, I consider myself an independent contractor. As such, I assume full responsibility of reporting my own earnings for tax purposes. I also realize that workman's compensation is not in force under this contract.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (**Required**) (See Blizzard protocol for qualifying benefits)