



B L I Z Z A R D
 2019-2020
PATROL APPLICATION



Name : _____
 Address : _____
 City : _____, MI Zip : _____
 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.

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**

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.

Signature : _____ Date: _____

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