



B L I Z Z A R D
2020-2021
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.

12/19 12/26 1/2 1/9 1/16 1/23 1/30 2/6 2/13 2/20 2/27 2/29 3/7
1/3 1/10 1/17 1/24 1/31 2/7 2/14 2/21

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*)