



BLIZZARD SUPERVISOR APPLICATION 2018-2019



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 : _____

I am applying for the following position(s) - list in order of preference (1-3)

- _____ Member/Ticket Table check-in
- _____ Tot's Instructor Buddy/Supervisor
- _____ Mini Lunch
- _____ Supervised skiing – *(Must attend one dry land and snow clinic)*
- _____ Supervised snowboard – *(Must attend one dry land and snow clinic)*

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

12/15 12/22 12/29 1/5 1/12 1/19 1/26 2/2 2/9 2/15 2/23 3/2 3/9 **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. In signing I accept full responsibility in meeting and performing the duties for Supervised skiing and snowboarding.

Signature : _____ Date: ____/____/____

* (See Blizzard protocol for qualifying benefits)