



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.

12/21 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. 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)