

# REGISTRATION FORM

## ASA YOUTH RACING CLUB & SHOSHONE FREESTYLE PROGRAM

Helmets ARE required for all programs at Sleeping Giant Ski Area.

Payments can be made at Sleeping Giant Ski Area or mailed to Sleeping Giant at PO Box 400, Cody, WY 82414

PLEASE FILL OUT THE INFORMATION BELOW TO RESERVE YOUR CHILD'S PLACE

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### CONTACT INFORMATION

Child's Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age on January 1, 2017: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please select the program in which you are registering your child:

ASA Youth Racing Club (\$200 per athlete)  Shoshone Freestyle Program (\$200 per athlete)

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### FOR THE "ANNUAL" SNOWSPORTS SEASON POLICY 2017 / 2018

In consideration of myself OR my child being permitted to participate in any way in the ASA Youth Racing Program or Shoshone Freestyle Program ("Activity") of the above-named Sleeping Giant Ski Area, I represent that I do, on behalf of myself OR my child:

I acknowledge, agree, and represent that I fully understand that the nature of snowsports and snowsports school activities, and that I am and my child (if applies) are qualified, in good health, and in proper physical condition to participate in such Activity.

I hereby agree for myself or my child (if applies) to release, discharge and covenant not to sue, the above listed ASA Youth Racing Program, Shoshone Freestyle Program, or their parent organizations, its respective administrators, directors, owners, and lessors or the premises of property on which the Activity takes place (each considered "Releases" herein), from all liability claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise.

I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. My signature signifies that I fully understand and agree to be bound by this Release and Waiver Agreement, for myself and my underage child (if applicable), and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I agree to these terms. Printed Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

