

Information Sheet (to be kept on file all season)

Child's Name: _____ Age: _____

Date of Birth: _____ Local Phone: _____ Cell Phone: _____

SNOWBOARDERS Please check the level that most applies to your snowboarder

MOON RIDER 1 _____ First time on a snowboard. Working on basic skills to develop stance and balance.

MOON RIDER 2 _____ Stands up and slides with little or no assistance. Beginning to stop.

ROCKET RIPPER 1 _____ Starting direction changes on one edge.

ROCKET RIPPER 2 _____ Comfortably changes direction on BOTH edges.

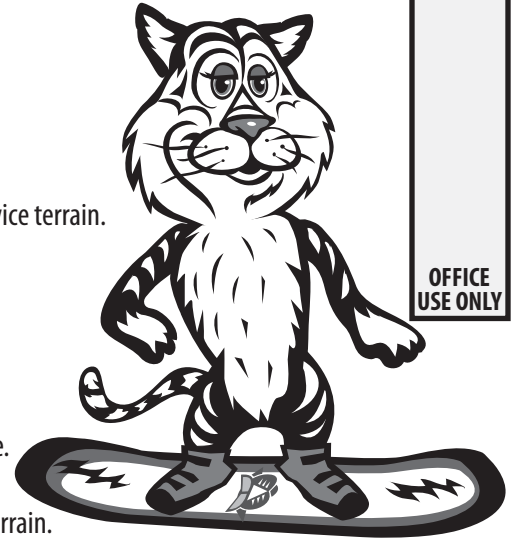
ASTEROID GLIDER 1 _____ Starting to turn from toeside to heelside. Riding chairlift. Riding novice terrain.

ASTEROID GLIDER 2 _____ Linking turns and riding novice to intermediate terrain.

ASTEROID GLIDER 3 _____ Linking turns and riding all intermediate and some expert terrain.

STAR SURFER 1 _____ Rides comfortably and confidently on most terrain. Starting to carve.

STAR SURFER 2 _____ Rides all terrain including park and pipe. Carving on intermediate terrain.



Enrollment - Please Print

Child's Name: _____

Parent's Name: _____

Address: _____

Is there anything special that we should know about your child?
(Special dietary needs, medications, learning differences, etc.)

To whom can this child be released at the end of the day?
(Please print full name)

Relationship to Child: _____

SNOW STARS CONTRACT & EXPRESS ASSUMPTION OF RISK IMPORTANT! PLEASE READ CAREFULLY!

I understand that my child's participation in the Snow Stars program involves exposure to the inherent risks of skiing and/or snowboarding that cannot be eliminated. I also understand that my child's participation in the Snow Stars program may require the use of ski lifts and that my child may ride lifts alone, with other guests, or with other children and that the use of lifts by my child involves a potential risk of injury.

In consideration of my child's participation, individually and as the parent or guardian of my child, **I hereby expressly assume all risks** associated with my child's participation in the Snow Stars program, including all risks associated with skiing and/or snowboarding, riding lifts, and skiing or snowboarding on terrain or using equipment intended to improve or enhance my child's skiing/riding skills.

This agreement is governed by the applicable laws of the state of Vermont. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I, the undersigned, have read and understand this contract.

Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant, and I agree to be bound by the terms and conditions of this contract.

Parent/Guardian Signature: _____

Date: _____

PHOTO RELEASE: Occasionally Okemo may have photographs taken of Snow Stars classes for use in digital and printed media. By signing above, I grant the rights for the usage of such photographs to Okemo Mountain Resort. *Initial:* _____

I do NOT wish to grant a photo release on my child.