

BLUE MOUNTAIN JUNIOR RACING TEAM
APPLICATION AND CONSENT FORM

PLEASE ENROLL:

Name _____ Age as of 12/31/09 _____ Birth Date ____/____/____

Sex: Male / Female _____ USSA# _____

Please circle which program your racer will be competing at

Developmental Mountaineers

Mountaineers (Age 6 - 10)

J3 (Ages 13 - 14, born 1995, 1996)

J5 (Ages 10 - Under, born 1999 or later)

J2 (Ages 15 - 16, born 1993, 1994)

J4 (Ages 11 - 12, born 1997, 1998)

J1 (Ages 17 - 19, born 1990, 1991, 1992)

We understand that the classes will begin December 12 and will continue every Saturday and Sunday through February 2009. The sessions will start at 8:00 am till 12:00 pm for PARA / 9:00am till 1:00pm for Mountaineers

All PARA Racers must join:

1. Blue Mountain Racing
2. Purchase a Blue Mt. Ski Area Season Pass
3. PARA (Individual or Family membership)
4. [USSA](#) (Membership/Race License)

All Mountaineers (age 6 to 10) must join

1. Blue Mountain Racing
2. Purchase a Blue MT Ski Area Season Pass
3. Suggested membership in PARA
4. [USSA](#) Youth Membership/License

IF YOU DO NOT FULLY ACCEPT the conditions below DO NOT participate in any Junior Racing Program.

I, the undersigned want to register for the program and realize that alpine skiing is an action sport carrying significant risk of personal injury. Race training and competition is even more dangerous than recreational skiing. I know there are natural and man-made obstacles or hazards, including lift towers and snowmaking equipment (such as guns, hydrants, and hoses) surface and environmental conditions, and risks will in combination with my actions, can cause me severe or occasional fatal injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions, and hazards. I further agree to hold blameless Blue Mountain Ski Area, its employees, sponsors, volunteer workers and assignees should any of the above occur.

_____ (Signature of Racer)

_____ (Signature of Parent/Guardian)

PLEASE PRINT:

_____ Home address (Street/Box)

_____ City _____ State _____ Zip

Telephone : Home (____) _____ - _____ Cell (____) _____ - _____

_____ E-Mail Address

Mail registration and checks for racing program only to:

Blue Mountain Alpine Racing Department
P.O. Box 216
Palmerton, PA 18071

[Season Pass/ Lift Ticket Info](#)