

MWFC Registration Form

(Please print clearly)

Athlete Name: _____

Parents Name(s): _____

Email address #1: _____

Email address #2: _____

Birthdate: Day _____ Month _____ Year _____

Programs: Fees include a \$25 administration fee

Please Circle Day

Development: _____ Saturday Sunday Both

Park - Slopestyle _____ Saturday Sunday Both

JR Competitive: _____ Saturday & Sunday Program

Competitive: _____ Saturday & Sunday Program

WAIVER

I, _____, the above named, request that I be allowed to participate in the events, activities and games sponsored by the Canadian Freestyle Ski Association, BC Freestyle Ski Association and the Mount Washington Freestyle Club. In consideration that I am registered in the Canadian Freestyle Ski Association and allowed to participate in, I, my heirs, administrators and assigns, hereby forever release, discharge and hold harmless the Canadian Freestyle Ski Association, BC Freestyle Ski Association, Mount Washington Alpine Resort and Mount Washington Freestyle Club, its directors, officers, employees, representatives and agents from any liability for any injury, loss or damage sustained by myself, the above named, however caused, arising out of or in connection with the participation in the said events and activities.

IN WITNESS WHEREOF, I hereby sign this waiver and release on this _____ day of _____, 20__.

Signature of Participant

Print Name

Please note: A Mount Washington lift ticket or season's pass is required and is not included in the fees.

Office Use:

CFSA Membership Confirmed: email / paper copy / Registration No. _____

Athlete Emergency Information Form complete: _____

Club Membership Paid by: cheque / cash

Club Membership Amount Includes \$25 Administration Fee - Total Amount: \$ _____

Registrar Initials: _____