

## MMSC Fall Camp Canada Alberta

Dear Athletes and Parents,

We would like to invite you to participate in MMSC Fall Alpine Training Camp in Nakiska Alberta, Canada. This is an amazing opportunity for our Club's athletes to get this fall on-snow training in an ideal setting. The dates for the camp Nov 27 – Dec.8

Nakiska is Center located in Canada provides ideal ski conditions and is considered by many to provide the best ski training in the world. Our athletes will be skiing with the world's best, on our own blocked off lane, ensuring great on snow training. Skiers of all levels are catered for and will typically get a full season of improvement from our 10 day camp. Scheduled training weekly will involve Super G, GS and Slalom training and athletes will enjoy afternoon dry land training

**Standard Daily Schedule**

The following is a guide plan of a typical training day; this is subject to change due to conditions and coaching requirements.

<b>06:30 am</b>	Wake Up
<b>06:45 am</b>	Breakfast
<b>07:15 am</b>	Depart for Training hill
<b>08:00 am</b>	Gear up and setup
<b>08:30 am</b>	Training GS or SL
<b>12:00 pm</b>	Lunch Break
<b>01:00 pm</b>	Training GS or SL
<b>03:00 pm</b>	Return to base
<b>04:30 pm</b>	Dry land Activities
<b>06:00 pm</b>	Ski Tuning
<b>07:00 pm</b>	Dinner
<b>08:00 pm</b>	Video and technical sessions
<b>09:30 pm</b>	Sleep

The cost for the camp is \$ 2,500 plus airfare\ Transportation \$ 900 which includes everything (ground transport, food, lodging, skiing, coaching, etc). A group airfare has already been arranged. Group will meet at the MMWA

**Deadlines:**

Plases send Check to Mount Mansfield Ski Club

August 1 . 2009 Full amount for Airline tickets \$900

August 1. 2009 50% of total amount \$ 1250

September 1. 2008 Balance due \$ 1250

Best regards,

Igor Vanovac  
Executive/Athletic Director

## Registration Form

Please answer the following questions on the forms attached and return them, signed, to our address.

**MMSC  
403 Spruce Peak  
Stowe, Vermont 05672**

I \_\_\_\_\_ would like to register

My child \_\_\_\_\_

To participate in the MMSC Fall Ski Training Camp to be held in Nakiska

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Phone( Home): \_\_\_\_\_ Phone(Work) \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**MT. MANSFIELD SKI AND SNOWBOARD CLUB**

2008 Camp in Nakiska/ Canada  
403 Spruce Peak, Stowe, VT 05672

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME \_\_\_\_\_  
ADDRESS Street Town/City State Zip

Email: \_\_\_\_\_ LOCAL PHONE \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_  
(If different from above) Street Town/City State Zip

PARENT FULL NAMES  
(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ USSA or USASA# \_\_\_\_\_

**MEDICAL AUTHORIZATION**

DAY-TIME PHONE # FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

IN AN EMERGENCY, IF PARENTS CAN NOT BE CONTACTED:

NOTIFY (NAME) \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF INSURANCE CARRIER \_\_\_\_\_

GROUP or POLICY# \_\_\_\_\_ MEMBER # \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_ DATE OF LAST TETNUS SHOT \_\_\_\_\_

I agree that if \_\_\_\_\_ (name), my son/daughter, is injured and requires medical attention, that I grant to the Mt. Mansfield Ski & Snowboard Club the same rights that I have as a parent to obtain medical attention until such time as a parent(s) is notified. I also agree to pay for all expenses incurred.

\_\_\_\_\_  
Parent or Guardian Date

(Please submit a copy of this form for each of your children in the camp. Thank you.)

**MT MANSFIELD SKI & SNOWBOARD CLUB CONSENT**

I (We) \_\_\_\_\_  
(parents/guardians names)

residing at \_\_\_\_\_  
(address, city, state, zip code, phone number)

do hereby consent that my (our) daughter (son) \_\_\_\_\_  
(name)

may travel with the Mt. Mansfield Ski & Snowboard Club to/from its ski camp Nakiska, Canada

\_\_\_\_\_  
parent/guardian

\_\_\_\_\_  
parent/guardian

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 2009 before me, the undersigned, a notary in and for the State, personally appeared \_\_\_\_\_

\_\_\_\_\_, personally known to me or proved to me on the basis or satisfactory evidence to the individual(s) whose name(s) is subscribed to the within Instrument, and acknowledged to me that he (she) executed the same in his (her) capacity and that by his (her) signature on the instrument, the individual(s) executed the instrument.

\_\_\_\_\_  
Notary Public, my commission expires \_\_\_\_