

MMSC SUMMER CAMP FRANCE

Dear Athletes and Parents,

We would like to invite you to participate in MMSC Summer Alpine Training Camp in Les Deux Alps, France. This is an amazing opportunity for our Club's athletes to get this summer on-snow training in an ideal setting. The dates for the camp Jun 20th - July 2nd (20th and 2nd are travel days).

Les Deux Alps Center located in France provides ideal summer ski conditions and is considered by many to provide the best summer skiing 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 two week camp.

The camp will be available to all MMSC Athletes.

The cost for the camp is \$2,000 plus airfare which includes ground transport, food, lodging, skiing, and coaching.

Deadlines:

-
- May 1. 2009 Airline tickets (\$800)
 - May 1. 2009 50% of total camp cost \$1,050
 - May 15. 2009 Balance of camp cost due \$1,050

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 Summer Ski Training Camp to be held in Les Deux Alpes, France

I understand that the submission of this signed form is binding, and commits us to the payments and the deadlines mentioned above.

Postal Address: _____

Phone(Home): _____ Phone(Work) _____

Mobile phone: _____

Email: _____

Signed _____ Date: _____

MT. MANSFIELD SKI AND SNOWBOARD CLUB

2009 Camp in Les Deux Alps FRANCE

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 Les Deux Alps

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 ____