



2016/2017 AVSC BASE CAMP REGISTRATION FORM

phone: 205-5100 fax: 925-5290 www.teamavsc.org

Participant(s) Full Name(s):	Date of Birth	Age	Sex	Grade	School

Preferred Mailing Address: Mother Father

Mother's Name: _____ Phone: (h) _____ (w) _____
 (cell) _____ email: _____

Mother's Mailing Address: _____ City: _____ State: _____ ZIP: _____

Father's Name: _____ Phone: (h) _____ (w) _____
 (cell) _____ email: _____

Father's Mailing Address: _____ City: _____ State: _____ ZIP: _____

Emergency Contact First: _____ Last: _____ Relationship: _____ Phone: _____

Family Physician: _____ Physician's phone: _____

Help a Child in Need – You can make a difference today. Think of all the fun your child will have on the mountain and then share that joy with a scholarship participant. AVSC provides close to a million dollars in scholarships and subsidies every year and all donations make a difference. Help AVSC continue our mission of never turning a child away by pledging your support below. **You are not paying full price** - Did you know that all AVSC programs are subsidized. The full program fees are on average 40% higher than what you're paying. AVSC's goal is to keep our teams strong, diverse and accessible. Fundraising makes up 40% of our budget, so if you can round up your payment please do. It will help put a child in need on the hill, you'll feel great, and it's tax-deductible.

PLEASE REFER TO THE PROGRAM GUIDE TO CHOOSE YOUR PROGRAM(S)

Participant First Name	Ability Level #	Discipline: Alpine, Snowboard, or Nordic	Program Name	Mountain	Program Fee

<input type="checkbox"/> AVSC SCHOLARSHIP APPLICANT	SUBTOTAL:
<input type="checkbox"/> BUDDY PROGRAM SCHOLARSHIP APPLICANT	CHILD IN NEED DONATION:
<input type="checkbox"/> PAYMENT PLAN	TOTAL:

METHOD OF PAYMENT (CIRCLE ONE): **MASTERCARD** **VISA** **CHECK** **CASH**

Name on Card: _____ Card Number: _____

Expiration Date: ____/____ CVC Three Digit Security Code: _____

Base Camp Refund Policy: Only given for medical reasons with *doctor's* note or family relocation out of the valley. Prior to program starting date - 100% (less \$50 withdrawal fee) | Between January 1 and Feb 1 - 25% | After Feb 1 - No refund

POWDER PANDA & ASPENAUT (3 ½ through K) PARENTS ONLY: PLEASE COMPLETE THIS SECTION

Name of Child	Has your child skied before?	Has your child attended AVSC in years past?	Does your child ride the chairlift and ski Greens unassisted?	What terrain is your child comfortable on? (Circle one)
	Yes / No	Yes / No	Yes / No	Green Blue Black



AVSC ABILITY LEVELS

SKIING

Level 1

I have never skied

Level 2

I've just learned to make a beginner's turn. It's rough but I can manage. I feel ready to ride the chairlift.

Level 3

I can link turns without stopping. I feel good on the chairlift and easy Green terrain.

Level 4

I'm keeping my skis parallel at the end of the turn with some skidding. I am comfortable on most Green terrain and may be ready to try some easy Blue runs.

Level 5

My turns are rhythmic and my skis are usually parallel throughout the turn. I feel comfortable on all Green and some Blue runs.

Level 6

I am confident on most groomed Blue terrain and ready to explore some groomed Blacks. My skis are always parallel.

Level 7

I am making reliable linked parallel turns with my poles on all Blue runs, but need work on controlling my speed. Black runs are okay when they are groomed.

Level 8

I ski Blue bumps and groomed Blacks, but no Double Blacks (yet). I am linking short-radius turns in the fall line. I can ski advanced terrain on all four mountains.

Level 9

Blacks are a piece of cake: I am working on tactics and lines in extreme terrain.

Level 10

Epic. Please apply for a coaching position.

SNOWBOARD

Level 1

I have never snowboarded.

Level 2

I can slide across the hill both ways and stop. I'm starting to get the hang of this. I can ride a chairlift.

Level 3

I can control my speed and direction while moving across the hill and am starting to turn.

Level 4

I can turn in both directions and am starting to link my turns.

Level 5

I am linking skidded turns while controlling my speed and starting to try Blue terrain.

Level 6

I am confident on most Blue terrain under good conditions. I am beginning to carve my turns or ride switch (the opposite direction).

Level 7

I am fine tuning dynamic turns and seek more challenging situations, including riding bumps, riding switch and dealing with varying snow conditions.

Level 8

I am confident performing dynamic turns, riding switch and exploring techniques in all snow conditions, terrain, pipes and parks.

Level 9

I can ride the entire mountain with confidence and ease. I am working on tactics and new moves in extreme terrain, pipes and parks.

Level 10

Prove it! Then register for the X-Games in Aspen!



2016/2017 AVSC ACKNOWLEDGMENT OF RISK

PARENT'S RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

September 1, 2016 – August 31, 2017

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS AN ACKNOWLEDGMENT OF RISK AND A RELEASE OF CERTAIN CLAIMS AND A WAIVER OF CERTAIN LEGAL RIGHTS.

"PARENT" MEANS THE UNDERSIGNED PARENT OR LEGAL GUARDIAN SIGNING ON BEHALF OF HIM/HERSELF AND ON BEHALF OF THE MINOR CHILD ("CHILD") NAMED BELOW. "CLUB" MEANS THE ASPEN VALLEY SKI/SNOWBOARD CLUB. "ASPEN" MEANS THE ASPEN SKIING COMPANY, LLC.

PARENT AND CHILD UNDERSTAND AND ACKNOWLEDGE THAT SKIING, SNOWBOARDING, AND PARTICIPATING IN VARIOUS PROGRAMS AND RELATED ACTIVITIES OF THE CLUB, INCLUDING BUT NOT LIMITED TO SKIING, SNOWBOARDING, TRAINING, COMPETITION, WORKING WITH COURSE-RELATED EQUIPMENT, USING CLUB FACILITIES AND TRAVEL ("CLUB ACTIVITY") AND THE USE OF SKI AREA FACILITIES CAN BE **HAZARDOUS, DANGEROUS, AND INVOLVE A RISK OF PHYSICAL INJURY OR DEATH.**

Parent and child acknowledge and understand that the child, as a "skier" under Colorado law, ASSUMES THE RISK of any injury resulting from any of the inherent dangers and risks of skiing. Parent and child understand that SAFETY is very important to the Club and participants in Club activities and acknowledge they have been given a copy of the Club's Participant Expectations which discusses the Colorado Ski Safety Act. Parent and Child understand that with respect to courses for competition and training for competition, Child is entitled and expected to conduct a reasonable visual inspection of the course prior to participating in the training or competition. Parent and Child agree and understand that the Child will be held to assume the risk of all course conditions, including, but not limited to, weather and snow conditions, course construction, layout and obstacles after Child performs the inspection. Parent understands and agrees that Child may ride ski lifts without being accompanied by an adult and Parent hereby gives permission for the Child to ride ski lifts without being accompanied by an adult.

PROVIDING MEDICAL INSURANCE FOR CHILD

Parent warrants and represents that the Child is in good health and there are no special instructions regarding the Child which have not been listed on the registration form. Parent and Child acknowledge and agree that the Child has the physical dexterity and knowledge to safely load, ride and unload ski lifts. Parent has and agrees to maintain valid and sufficient medical and accident insurance for the Child throughout the time that the Child participates in any Club activities. The undersigned Parent understands that this is his/her sole responsibility, and **RELEASES** the Club and Aspen from any claim and/or responsibility for providing such coverage for the Child.

MEDICAL CARE, TRANSPORTATION

Parent authorizes the Club and the Aspen Skiing Company and the operator of any other ski area where a Child may participate in a Club activity and their authorized personnel to obtain medical care for the Child or to transport the Child to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed.

Parent agrees that upon the Child's transport to any such medical facility or hospital that the Released Parties shall not have any further responsibility to the undersigned Parent or Child. Further, the Parent agrees to pay all costs associated with such medical care and related transportation provided for the Child and agrees to indemnify and hold harmless the Released Parties from any costs or claims arising from such medical care and related transportation.

RELEASE OF CHILD'S RIGHTS

The undersigned Parent **HEREBY COMPLETELY RELEASES AND HOLDS HARMLESS** the Club, Aspen, the Aspen Winter Sports Foundation, the FiveTrees Metropolitan District, the United States Forest Service, and their subsidiaries, representatives, agents, affiliates, officers, directors, shareholders, parent companies, servants, employees and volunteers (collectively the "Released Parties") from **ANY AND ALL CLAIMS OF ANY NATURE OR ANY KIND FOR INJURY, OR DEATH** to Child or Child's property that may be sustained in connection with Club Activity, **INCLUDING ANY INJURY, DEATH OR DAMAGE THAT RESULTS FROM NEGLIGENCE** of the Released Parties.

The undersigned Parent understands that if Child is injured or killed, or property of Child is damaged in connection with Club Activity, that neither Parent nor Child has a right to make a claim or file a lawsuit against any of the Released Parties, in accordance with CRS 13-22-107. The undersigned Parent further **AGREES TO DEFEND AND INDEMNIFY AND HOLD HARMLESS** the Released Parties from any and all claims brought by third parties which arise in whole or in part from the Child's participation in any Club Activity.

RELEASE OF PARENTS' RIGHTS

The undersigned Parent **ALSO COMPLETELY RELEASES AND HOLDS HARMLESS** the Club, Aspen, the Aspen Winter Sports Foundation, the FiveTrees Metropolitan District, the United States Forest Service, and their subsidiaries, representatives, agents, affiliates, officers, directors, shareholders, parent companies, servants, employees and volunteers (collectively the "Released Parties") from **ANY AND ALL CLAIMS OF ANY NATURE FOR ANY KIND OF INJURY, OR DEATH** to Parent or Parent's property that may be sustained in connection with Club Activity, **INCLUDING ANY INJURY, DEATH OR DAMAGE THAT RESULTS FROM NEGLIGENCE** of the Released Parties. The undersigned Parent understands that if Parent is injured or killed, or property of Parent is damaged in connection with Club Activity, that Parent has no right to make a claim or file a lawsuit against any of the Released Parties.

Parent and Child agree that they will accept and abide by the rules and regulations of the Aspen Valley Ski/Snowboard Club, Aspen Skiing Company, LLC, and any other rules or regulations imposed by the organizers of any particular event in which Parent and/or Child participate.

In consideration of engaging in Club Activities and using Aspen Skiing Company, LLC's ski areas, the PARENT, on behalf of him/herself and his/her Child, agrees that all claims for injury and/or death for Parent or Child shall be GOVERNED BY THE LAW OF THE STATE OF COLORADO AND EXCLUSIVE JURISDICTION for any such claim shall be in County or District Court of Pitkin County, Colorado.

This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable. The undersigned Parent or legal guardian acknowledges that he/she is signing this Agreement on behalf him/herself and on behalf of the Child, who is a minor, and that the Child is bound by all the terms of this Agreement. This Agreement shall be binding upon the Parent's and Child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

We have read all of the policies outlined in the discipline specific Athlete and Parent Manuals. We understand the materials outlined and agree to comply with said policies. We have carefully read this agreement, understand its contents and sign it with full knowledge of its significance.

Below, please list special medical needs & allergies of all children:

Print Name(s) of Child(ren)

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian:

Date:



DOWN VALLEY BUS REGISTRATION

SnoWarriors and SnoCru Only – First Grade and Above

Registered SnoWarriors and SnoCru participants may ride a bus for free to Snowmass or Buttermilk. Fill out a bus registration form or call Base Camp Director Trish Shepard at 970.205.5160 before November 11 to reserve a spot. Buses fill up quickly so don't delay, availability is limited. Sign up early!

Your Chaperone will contact your family via phone by December 31st to answer any questions and provide detailed pick up information.

Last Name of Participant(s) _____

Home Phone Number: _____ Cell Phone: _____

1st Child Full Name _____

2nd Child Full Name _____

3rd Child Full Name _____

4th Child Full Name _____

Person(s) designated to pick up child: _____

Please check the desired pick-up point:

- Glenwood Career Center
- Crystal River Elementary School
- El Jebowl Bowling Alley
- Basalt Middle School

Student will be attending classes at:

- Snowmass Ski Area
- Buttermilk Mountain

***Bus Registration must be turned into the AVSC office by November 11, 2016.
Mail or fax form to: AVSC, 300 AVSC Dr, Aspen, CO 81612 (fax) 970.925.5290
Physical address: 300 AVSC Drive, Aspen (behind Aspen High School)***



PAYMENT PLAN

2016/2017 AVSC Base Camp Programs

NAME: _____
DATE: _____

While full payment of program fees is preferred, we realize that paying for the program fee, equipment, and a ski pass all at one time can present a challenge. AVSC offers payment plans which will be divided over 5 months.

Payment Plans **MUST be set-up before December 31st** in order for your child to participate.

A \$25 processing fee will be applied to all payment plans of up to \$1,000;

A \$50 processing fee will be applied to all plans of \$1,000 or more.

For questions regarding Payment Plan Options, contact Emma Lande in Accounting,
970.205.5110- Fax 970-925-5290 - Email elande@teamavsc.org

Athlete Name(s): _____ Parent Name: _____

Program(s): _____

Amount Due = _____ + \$25/\$50 fee ÷ 4 = Payment Amount _____

PAYMENT DUE DATES:

Please choose same date each month: _____

Day of Registration (25%) \$ _____

October (25%) \$ _____

November (25%) \$ _____

December (25%) \$ _____

Please Note: credit card payments will automatically be charged to your card on the same date each month. **Missed payments means missed lessons for your child.**

Payment Type: Master Card VISA American Express

Card Number: _____ Exp. Date: ____/____

Name on Card: _____ CCV# : _____

Signature: _____



2016/2017 AVSC BASE CAMP NEED BASED SCHOLARSHIP APPLICATION

Please mail to: Mark Godomsky, 300 AVSC Drive, Aspen, CO 81611 Fax: 970.925.5290
Questions? Contact: Base Camp Director, Trish Shepard, 970.205.5160 tshepard@teamavsc.org

NAME: _____
DATE: _____

SCHOLARSHIP DEADLINE – FRIDAY, OCTOBER 21, 2016 BY 5PM

Base Camp participants (SnoWarriors, SnoCru, Ridge Runners, Nordic Basecamp Programs) **are eligible for up to the total cost of program fees less \$100.** Scholarships are NOT available for the Aspenauts, Bighorns, SnoBandits, ButterBandits, Powder Pandas or Cross-Over programs. Funds are limited, based on family income and the content of the explanatory letter. As a scholarship recipient, your child will be required to send a thank you letter to an AVSC Donor and AVSC.

COMPLETED SCHOLARSHIP APPLICATION INCLUDES

- Registration Form**
- Scholarship Application Form** - Only one form is required per family.
- 2015 Tax Returns** – Two-parent households filing separate returns must attach 2015 tax returns from both individuals. All information is confidential.
- Explanatory Letter** - On a separate sheet, please state why you are requesting a scholarship. Include comments on any special circumstances influencing your financial position which AVSC should consider in the decision making process.
- Partial Payment - \$100 per child.** If you do not receive a scholarship this payment will be applied towards program fees or refunded if your child withdraws due to financial circumstances.

ALPINE AND SNOWBOARD EQUIPMENT SCHOLARSHIPS

*Limited quantities are available and are not guaranteed. Apply early to be considered.

Please List Boot Size: _____ Height of Child: _____ Weight of Child: _____

- Check if you would you like to be considered for **free ski equipment** from Gorsuch Ltd.
- Check if you would like to be considered for **snowboarding equipment** from D&E/ Four Mountain Sports.

FAMILY INFORMATION

You may list all family members on the same scholarship form.

- Check here if you are also applying for a 2017 Buddy Program Winter Scholarship.

Participant's Name: _____ Program: _____ Program Fee: \$ _____

Participant's Name: _____ Program: _____ Program Fee: \$ _____

Participant's Name: _____ Program: _____ Program Fee: \$ _____

Total Program Fee(s) \$ _____

\$100 per child - Partial Payment Paid \$ _____

Total Amount Requested \$ _____

Parent Signature: _____ Print Name: _____ Date: _____

Parent(s) Name: _____ Phone Number: _____

I hereby acknowledge that the information on this application is true and accurate. I understand that if any information on this application form is not true or accurate, then AVSC has the right to terminate any scholarship award. At such time the applicant will be obligated to repay the AVSC the total amount of the scholarship awarded. AVSC also has the right to terminate any scholarship award should the balance of the program fee, after scholarship, not be paid within the designated time. Recipient must abide by the AVSC Code of Conduct. Disciplinary actions within AVSC, school or with the local authorities may revoke award. I have read and understand all my obligations and responsibilities as a scholarship applicant/recipient.

Office Use Only: Registration Form Tax Returns Explanatory Letter \$100 Per Participant