



STUDENT REGISTRATION FORM 2010



Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Email: _____

Emergency Contact(s) Name: _____

Relationship to Student: _____ Phone #: _____

For Students under 18 years of age:

Name of Parent/Guardian: _____

Liability Release

I, the undersigned, **do / do not** (circle one) give my permission for my name and picture/photograph to be used by Shared Ski Adventures for web page display and other advertising. I do hereby agree to hold harmless CP Rochester, its officers, directors, employees, volunteers and others assisting in the Ski program administered by CP Rochester. I fully agree that material aspects of the program have been explained to me and that I fully understand the risks and liabilities of the Ski program and solely assume such risks. If parental or guardian confirmation is required by CP Rochester to participate in the Ski program, I hereby agree to have such person or persons sign such release on my behalf. I fully understand that I will abide by the laws and statutes on ski slope liability as provided by the laws and statues of the State of New York. Those conditions do not alter the terms and conditions of this contract. I acknowledge that I am either covered directly or indirectly for hospitalization insurance in the state of New York and this coverage is primary for any injury sustained in this program.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if student is under 18)

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A completed application for the Shared Ski Adventures Program includes this Registration Form and the Medical Form.

Return your completed Registration and Medical Forms to:

**CP Rochester
Attn: Recreation / SSA
3399 Winton Road South
Rochester, NY 14623**