



All-day Ridge Kids Registration

or

3-Day Holiday Camp Registration

Student's Name: _____ Student's Age: _____ Ski or SB? _____

Student's Ability Level (circle one):

Never-Ever Beginner Advanced Beginner Intermediate Advanced

Briefly describe what your child is good at and what could use improvement.

Parent/Guardian Name: _____

Emergency Contact Phone #: _____

Name of the parent/guardian picking your child up when the day is over:

Phone # of the parent/guardian picking up your child: _____

Does your child have any special dietary requirements or food allergies? If so, please describe what is not acceptable for them to eat.

Does your child have any special needs that should be known by the instructor? This is asked to insure your child experiences the best quality lesson, and has a good time while doing it.

Please print legibly your name and the current date below, and sign.

Name: _____ Date: _____ Signature: _____