



JUNIOR SKI PROGRAM REGISTRATION

— TEACHING WINTER SNOW SPORTS SINCE 1948 —

2017 PROGRAM – WINTER PRICING

21130 MT.ROSE HWY, RENO, NV 89511 • 775.323.5125 OFFICE • WWW.SKYTAVERN.COM • INFO@SKYTAVERN.COM

A PARTICIPANT

1 NAME _____
 DATE OF BIRTH / / SATURDAY SUNDAY Medical Conditions? YES NO
 KID MEAL PASS \$60 MEMBER New Returning Kid riding w/ different adult

2 NAME _____
 DATE OF BIRTH / / SATURDAY SUNDAY Medical Conditions? YES NO
 KID MEAL PASS \$60 MEMBER New Returning Kid riding w/ different adult

3 NAME _____
 DATE OF BIRTH / / SATURDAY SUNDAY Medical Conditions? YES NO
 KID MEAL PASS \$60 MEMBER New Returning Kid riding w/ different adult

4 NAME _____
 DATE OF BIRTH / / SATURDAY SUNDAY Medical Conditions? YES NO
 KID MEAL PASS \$60 MEMBER New Returning Kid riding w/ different adult

5 NAME _____
 DATE OF BIRTH / / SATURDAY SUNDAY Medical Conditions? YES NO
 KID MEAL PASS \$60 MEMBER New Returning Kid riding w/ different adult

6 NAME _____
 DATE OF BIRTH / / SATURDAY SUNDAY Medical Conditions? YES NO
 KID MEAL PASS \$60 MEMBER New Returning Kid riding w/ different adult

- Please list any medical conditions on back of form (for Ski Patrol use only)
- Please list any additional adults/kids who may be riding with you on back
- Additional forms required for kids that are riding with neighbors/friends

REGISTRATION TOTAL \$ _____ KIDS MEALS PASSES \$ _____
 # OF PASSES X \$60

B REGISTRATION OPTIONS

REGISTRATION TYPES	1	2	3	4	5	6
Check one box for each participant.						
\$165 Child (ages 6+)*						
\$260 Bus Kid (ages 9+; includ. trans.)						
\$165 SkyKid (ages 3-5)						
\$145 SkyKid Parent						
\$145 Adult Ski Instructor						
\$145 Snowboard Instructor						
\$145 Jr Instructor						
\$240 Jr Instructor Riding Bus						
\$25 Support Volunteer–Non Skiing						
\$145 Adult Support Member–Skiing						
*Must be accompanied by adult member						

CATEGORY

Group each of each child participant.	1	2	3	4	5	6
A - Adaptive						
S - Snowboard						
D - Downhill Ski						
R - Race Team (Must be in advanced levels. See fees)						
F - Freestyle Team (to be announced)						

KIDS SKI/BOARD LEVEL Last season's final level or best guess if new.

Write level number in option box.	1	2	3	4	5	6
1 2 3 Beginner						
4 5 6 Intermediate						
7 8 9 Advanced						

DROP-OFF/PICK-UP SITE FOR BUS KIDS

	1	2	3	4	5	6
Galena High School, Reno						
McQueen High School, Reno						
O'Brien Middle School, Stead						
Reed High School, Sparks						

No amount is too small or too big—Sky Tavern appreciates your support!

Please consider a making a SCHOLARSHIP DONATION \$ _____ TOTAL \$ _____
 REGISTRATION TOTAL + MEAL PASSES + SCHOLARSHIP DONATION

C FAMILY INFORMATION

PARENT OR GUARDIAN _____ Do you live within Reno city limits? YES NO
 ADDRESS _____ HOME PHONE _____
 CITY _____ ZIP _____ WORK PHONE _____
 EMAIL _____ CELL PHONE _____

EMERGENCY CONTACTS

AN EMERGENCY CONTACT MUST BE AVAILABLE BY PHONE AT ALL TIMES:
 EMERGENCY CONTACT #1 _____ PHONE _____
 EMERGENCY CONTACT #2 _____ PHONE _____

FOR OFFICE USE ONLY DATE RECD / / CHECK NUMBER PHOTO ENT DB ISSUED

Sky Tavern Junior Ski Program Refund Policy

1. Refunds: Refunds may be requested prior to January 1 of the current season. A 30% transaction fee is assessed to cover the costs involved. Refunds may be, at the participant's request, applied to the following Sky Tavern Program year. These participants will have the transaction fee waived, but can only be used as a credit for the next year of the Program and will not be given a cash refund. In the case of a season pass price increase/decrease, passes will be "like for like" and adjusted for age if need be. Sky Tavern season passes are **NOT REFUNDABLE** or **TRANSFERRED** to the following year after **DECEMBER 31st** for any reason except for a season ending medical condition or military relocation. In the case of a season ending medical condition or military relocation, a credit towards the following year may be requested after providing a doctor's note or Military orders. It will be pro-rated based on how many weeks of the Sky Tavern Program season remain. Only the party with the medical condition is eligible for the credit. In the case of Military relocation, all immediate family members may apply and the credit will continue until the family returns to the area. **ALL EXTENUATING CIRCUMSTANCES MAY BE REVIEWED BY A DESIGNATED COMMITTEE AND/OR THE SKY TAVERN BOARD OF DIRECTORS.** All badges must be surrendered to Sky Tavern before any refund/transfer will be processed. A Sky Tavern season pass **MAY NOT BE RESOLD**, no exceptions. Use of a pass by any person other than the named owner / pass holder shall void the pass and result in the immediate loss of all lift and skiing/snowboarding privileges without compensation. Checks will be mailed within 45 days of the approved request for refund.

initial _____

Medical Conditions for Ski Patrol's use only. Please list names and conditions in case of an emergency:

Please list all names when Children are riding with other Adults (Permission forms must also be completed)

SKY TAVERN LIABILITY RELEASE AND EXPRESS ASSUMPTION OF THE RISK

PLEASE READ THE ENTIRE CONTENTS OF THIS RELEASE BEFORE SIGNING, AS IT HAS A SIGNIFICANT EFFECT ON YOUR LEGAL RIGHTS. THIS RELEASE IS INTENDED TO PROTECT THE RELEASED PARTIES FROM ALL LIABILITY RELATED TO YOUR PARTICIPATION IN RECREATIONAL ACTIVITIES OR PROGRAMS OFFERED BY SKY TAVERN.

In consideration of Sky Tavern, City of Reno, Washoe County, Washoe County School District and their respective employees, officers, owners, directors, and affiliates (hereafter " Sky Agencies") allowing Participant to engage in recreational activities, including but not limited to biking, hiking, running, challenge and adventure course, skiing, snowboarding, terrain park activities, racing and sliding and to utilize equipment and facilities incidental to these activities, it is agreed on behalf of Participant and/or his or her child(ren), heirs, assigns and representatives (hereafter collectively "Participant") that:

1. Notification of Risks: Participant agrees and understands that traveling to and from the Sky Tavern facility and participation in recreational activities, including but not limited to the above, is a HAZARDOUS ACTIVITY (hereinafter "Activity") that can result in serious injury or death. Further, Participant recognizes that there are risks including, but not limited to, variations in terrain and surface conditions, falls, loss of control, collisions with others or with natural and manmade objects, and aerial maneuvers. I recognize that injuries are a common and ordinary occurrence of the Activity. I hereby agree to freely and expressly assume and accept any and all risks of property damage, injury or death to Participant while engaged in the Activity. Further, Participant voluntarily elects to participate in the Activity.

2. Assumption of the Risk and Hold Harmless: Participant assumes all risks which may be associated with and/or result from involvement of Participant in the Activity, and agrees to hold harmless, release, defend and indemnify Sky Agencies of and from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by Participant while engaged in the Activity, including, but not limited to, those injuries and damages caused by the negligence and/or breach of warranty, express or implied on the part of Sky Agencies.

3. Unconditional Release and Covenant Not to Sue: Participant agrees to forever discharge and release from any legal liability and agrees not to sue Sky Agencies for such injuries or property damage caused by or resulting from the Activity.

4. Medical Authorization: Participant authorizes Sky Agencies and/or its authorized personnel to call for medical care for Participant and/or to transport Participant to a medical facility or hospital, if, in the opinion of such personnel, medical attention is necessary. Participant agrees that, upon such transport to any medical facility or hospital, the Sky Agencies shall not have any further responsibility. Further, Participant agrees to pay all costs associated with such medical care and related transportation and indemnify and hold harmless the Sky Agencies from these costs.

Forum Selection: Participant agrees that any and all disputes between Participant and Sky Agencies arising from engagement in the Activity, including any claims for personal injury or death, will be governed by the laws of the State of Nevada, and exclusive jurisdiction thereof will be in the State Court of the County of Washoe, State of Nevada.

Severability and Enforceability: In the event that any section of this Release is found to be unenforceable, the remaining terms and conditions shall be fully enforceable and this Release shall be binding to the fullest extent permitted by law.

5. Photographs: Photos of participants of Activity may be used in future brochures, flyers or displays

IT IS THE INTENTION OF THIS DOCUMENT TO EXEMPT AND RELEASE THE RELEASED PARTIES FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF THE RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF ALL PARTICIPANTS LISTED ON PAGE ONE OF THIS REGISTRATION FORM.

All adults participants must sign and parent or guardian must sign for each child under 18.

Signature Date Print Name

Signature Date Print Name

Print name(s) of minors

