

# Eagle Mount / 2012 Winter Ski Program – Participant Application

Return as soon as possible to: Eagle Mount Billings-2822 3<sup>rd</sup> Ave N, Ste 203, Billings, MT 59101  
406-245-5422 office 406-245-4390 fax

**Eagle Mount regards safety as our first concern. Participants in any of the programs may be removed or excluded from a program for behavior that is deemed by Eagle Mount Billings to be a danger to self or others.**

Name: \_\_\_\_\_ Sex: Male/Female (Circle) Height \_\_\_\_\_ Weight \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Caregiver(s) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact/ Relationship / Phone: \_\_\_\_\_

Disability Diagnosis: \_\_\_\_\_ Are you involved with STEP?  RSS?  AWARE?  BTI?

## Current Health Concerns:

\_\_\_ Seizures within Last Year \_\_\_ Disorientation / Memory Problems \_\_\_ Heart/Circulatory Problems

Other Health Issues: \_\_\_\_\_

## Participant Ski – Alpine - Downhill Skiing and Snowboarding

\_\_\_ Skier \_\_\_ Snowboarder

(Please choose a session(s), day and time.)

### Session:

\_\_\_ Jan. 15 – Feb. 11 (\$160)

\_\_\_ Feb. 26 – March 24 (\$160)

### Day:

\_\_\_ Tuesday

\_\_\_ Wednesday

\_\_\_ Thursday

\_\_\_ Friday

\_\_\_ Saturday

\_\_\_ Sunday

### Time:

\_\_\_ 10:00 AM – 12:00 PM

\_\_\_ 1:00 PM – 3:00 PM

### Transportation:

\_\_\_ 1st session (\$90)

\_\_\_ 2nd session (\$90)

## Eagle Mount Van Transportation:

Van transportation is only available for those skiing in the morning sessions on the Wednesday, Thursday, Saturday and Sunday classes. Due to the ever increasing costs of providing transportation, Eagle Mount can no longer afford to pick up and drop off individuals at their homes. Please select one of the following pick up and drop off locations. Please have the participant there on time and have a specified person to pick the student up in the afternoon. Be aware that in the winter the van may be running late during the afternoon due to poor driving conditions, we will attempt to let you know in advance of any delays.

### \_\_\_ Heights

Pick up time 7:30 AM – drop off time 3:30 PM.

Parking lot in front of the Powerhouse Gym,  
(Old County Market), 1323 Main Street.

### \_\_\_ West - end

Pick up time 8:00 AM – drop off time 3:00 PM

Parking lot of West Park Plaza, next to US Bank,  
1515 Grand Avenue.

Designated person to pick up participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate person to pick up participant: \_\_\_\_\_ Phone: \_\_\_\_\_

## ALL NECESSARY FORMS MUST BE COMPLETED PRIOR TO PROGRAM PARTICIPATION

Eagle Mount requires pre-payment for all programs. All participants are required to complete a Program Application form, sign the Liability Waiver, complete a Medical History form and have a signed Physician Approval form submitted to the Eagle Mount office prior to participation in all programs. If a participant is facing financial difficulties, please contact the Eagle Mount office to request a Financial Assistance Application. All forms and applications can be found online at [www.eaglemount.us](http://www.eaglemount.us). Applications need to be completed at least two weeks prior to the program start date. Failure to follow this procedure may result in your delayed participation in the program.

Office Use Only: Date Received: \_\_\_\_\_  
Staff Initials: \_\_\_ Current MD Authorization \_\_\_ Current Health Info \_\_\_ Liability Waiver