



2020 Athlete Information:

First: _____ Last: _____

DOB: _____ Age (min. 7 y/o): _____ Grade Completed: _____ Gender: _____

Choose program:

MST gO Girls (Mon & Wed only)

Interested in competing? YES NO Competition is not required.

Experience Level:

- Returning from CBMST program
- Attended last season's Mountain Adventures mountain bike program
- Attended similar mountain bike program _____.
- No organized mountain biking program experience, but great mountain bike skills & experience.

Program: June 8th - August 21st 2020.

Full Program 2 days a week all summer (11 weeks). Which 2 days of the week _____ & _____ **\$1340 + tax.**

Build your own schedule **\$67/day +tax.** Pricing will increase to **\$77/day +tax** when registering after June 5, 2020.

10% discount for 2019-20 winter CBMST athletes!

Vail Resorts Employee Discount: Available for all summer 2020 Employees dependents.

Please list dates if you are not doing the Full Program:

Payment: Please arrange payment with Rosa Greeley at (970) 349-2233 or Rsgreeley@vailresorts.com

CBMST

Crested Butte Mountain Resort
Mt. Crested Butte, CO 81225

For questions please contact Woody Lindenmeyr (970) 349-4441
hvlindenmeyr@vailresorts.com



2020 Mountain Sports Registration

(If you have filled this out for Mountain Adventures you do not have to fill it out twice)

Please complete the following for each child:

Last Name _____ First Name _____

Date of Birth _____ Parents Email(s) _____

Name of Parent or Guardian _____

Home Address _____

Phone _____ Employer/Address/Phone _____

Additional Emergency Contacts:

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Child Pick-Up

At the end of the day my child should be dropped off: (please check)

My child: May bike home on their own

Will be picked at Camp CB at 3:30pm by a parent or one of the following

Name & Number _____

Name & Number _____

Medical History

List any medical issue CBMR should be aware of: _____

List any know drug or food reactions or allergies: _____

Does your child carry an Epi-Pen? YES NO. Does your child carry an inhaler? YES NO

Will your child bring any medications to camp? YES NO

List any medications, prescriptive and non-prescriptive, the child currently takes. If your child will bring **any** medication to camp you must complete a copy of the *Authorization for Administering Medication* form.

Name of medication Dosage & Frequency Prescribing Physician

Physician's Name _____ Phone _____

Address _____

Childs Name _____

Authorization for Emergency Medical Care

I hereby give my permission to camp officials to contact a doctor or emergency medical services on behalf of my child and for a doctor, hospital or medical service to provide emergency medical or surgical care for my child.

Should an emergency arise, it is understood that camp officials will make a conscientious effort to locate the emergency contacts listed below before any action is taken. If it is not possible to locate the contacts, I will accept the expense of emergency medical or surgical treatment.

Initialed _____ on this date _____

Hospital of choice is: Gunnison Valley Health 711 N. Taylor St. Gunnison CO. 81230 (970) 641-1456

Transportation Permission

I hereby give permission for my child to ride in CBMR vehicles and busses operated by Mountain Express. I understand that CBMR staff will make a good faith effort to ensure that my child is properly belted throughout the trip. I also understand that seatbelts are not available on Mountain Express busses, which are driven by CDL certified drivers.

I am aware that misbehavior while in vehicles will not be tolerated and is grounds for dismissal from Mountain Sports without refund.

Initialed _____ on this date _____

Sunscreen Permission

Please apply sunscreen to your child in the morning and include a labeled bottle for reapplication. If, for some reason, this sunscreen is unavailable I give permission to apply sunscreen provided by Mountain Sports to my child.

Initialed _____ on this date _____

Media Release

During the Mountain Sports program, we will be taking photographs and/or video of participants to use for promotional purposes. Your child may appear in one or more of these photographs or videos. By indicating below, you grant Crested Butte Mountain Resort the right of publicity to own and use without compensation any image(s) of your child participating in Mountain Sports. Please select from the following:

- I DO grant permission for media release to Crested Butte Mountain Resort.
- I DO NOT grant permission for media release to Crested Butte Mountain Resort.

Initialed _____ on this date _____

Late Child Drop-off Policy

Our programming is complex and requires our campers to be dropped off on time and at the Camp CB drop-off location. Every camper is required to have a Parent or Guardian sign-in for each activity day, unless stated otherwise on sign up forms. This is required by our State of Colorado Licensing agreement and no exceptions are allowed. In addition to the sign in requirements, we do not accept campers who are late for offsite activities. It is best practice to have all campers together, from the beginning of all activities to cover safety rules, guidelines and expectations for the activity day. This best practice benefits the instructors and sets up all participants for activity success and safety. If campers are late and the activity has left the Camp CB drop-off area, participants will be charged for that day's activity and will be unable to participate.

Initialed _____ on this date _____