

Tiny Tykes Ski Club

2017-2018

- * Welcome to the Tiny Tykes Ski Club! Your session is highlighted below. As a reminder, the session starts at 4:45pm and runs until 7pm, with a lift ticket that is good until 8:00pm.
- * Tiny Tykes is designed for <u>first-time skiers</u> in Kindergarten and 1st Grade. Children will remain in the Beginner Area for the entirety of the program.
- * Helmets are required for all participants. We do not rent helmets but you can purchase them in our ski shop located in the Red Barn Cafeteria.

FIRST WEEK PROCEDURE

- * We recommend you arrive between 4pm and 4:15pm. Please visit Guest Services to pick up your ticket and rental card (if purchased). Your child will use the same ticket for all three lessons.
 - If your child is renting equipment, you must fill out a rental card and bring it to the Rentals Department. The card will remain in Rentals for the duration of the program. *Please remember to return the rental equipment by 8pm each week.*
- * Once you are all situated, you will head over to the Beginner Area at the far left of the slopes. An instructor will be there to further assist you.

REGULAR PROCEDURE

- Please report directly to the Beginner Area prior to the 4:45pm lesson. Make sure your child is wearing their lift ticket.
- ❖ If your child is renting, please stop by Rentals before heading over to the Beginner Area.

PROGRAM DATES

Wednesday Session -2/21, 2/28, 3/7

Thursday Session -2/22, 3/1, 3/8

Friday Session -2/23, 3/2, 3/9

Should your child miss a scheduled class, there will be a make-up day the week following the end of all the sessions.

Lift and Lesson: \$150.00 Lift, Lesson, and Rental: \$195.00

Lesson Only (child must be 2017/2018 season pass holder): \$93.00

^{**} Mount Southington reserves the right to cancel this program and refund any money received if the program does not exceed 8 participants.

Received:	Medical Form	Ski School Waiver
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Tiny Tykes Ski Club

First-time Kindergarten and 1st Grade Skiers

Child's Name:	Grade:				
Parent(s)/Guardian(s) Nam	e(s):				
Address:					
City:					
Email:	Pr	Primary Number:			
*Used to inform parents of program up	3				
■ I would like to join your mail	ling list for newsletters a	nd special offers			
Emergency Contact:		Phone Number:			
	Session Purcha	ased (Check One)			
SKI	Lift & Lesson Lift, Lesson & Renta		Lesson Only <mark></mark>		
	\$150.00	\$195.00	\$93.00		
Wednesday—2/21, 2/28, 3/7					
Thursday—2/22, 3/1, 3/8					
'riday—2/23, 3/2, 3/9					
"Child must be a valid 2017/2018	season pass holder				
Payment Options					
Credit Card or Gift Card #:					
(Credit Card Only) Name on Card:Exp. Date:					
	CVV#:	Billing Zipcode:			
Other Payment Method (circ	cle) Check Cash				
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$\frac{\text{MOUNT SOUTHINGTON SKI AREA SNOW SPORTS SCHOOL WAIVER, ASSUMPTION OF RISK,}}{\text{RELEASE & ARBITRATION AGREEMENT}}$

BY SIGNING THIS DOCUMENT YOU WILL WAIVE THE RIGHT TO CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

NAM	IE:			PHONE:		
STRI	EET:		TOWN:	STATE:	ZIP:	
In con paren	nsideration f t(s) or legal	or being allowed to participate in guardian(s) if the Participant is a	the Snow Sports School a minor, do hereby agree,	at Mount Southington Ski to the fullest extent permi	Area (the "Facility"), the Participant, and the tted by law, as follows:	Participant's
	1)				ount Southington Limited Partnership (the "I ut of the inherent risks of participating in the	
	2)	TO ASSUME ALL RISKS	INHERENT IN PARTI	CIPATING IN THE SN	OW SPORTS SCHOOL; and	
	3)	TO RELEASE the Facility, the Partnership, the Lounge, their owners, affiliates, officers, directors, employees, agents, and shareholders from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherer risks of participation in the Snow Sports School, which include, but are not limited to, the instruction received while participating in the Snow Sports School.				
		referenced in Connecticut Ge the restraining device on the	neral Statutes § 29-212. e chair lift, as reference in any way, change the rig	The participant acknown din Connecticut General ghts or obligations of the	ing in the Snow Sports School are in addi ledges and agrees that it is their responsibility of the Participant also a Facility, the Partnership, the Lounge, or the It th in this agreement.	oility to close acknowledges
				<u>Arbitration</u>		
wheth dispu neutra to ago shall arbitr a reas a rish shall allego	ner the allegetes, there shall arbitrator ree on a third pay its own cator. The arbonable and a tinherent in be barred feed injury die	ed injury arises from a risk inher all be a three-member arbitration (collectively, the "Panel"), to be d, neutral arbitrator, the neutral a costs, including the costs associate bitration proceeding shall proceed appropriate discovery schedule to a the Participant's participation rom recovering any compensat	ent in the activities engal panel, consisting of two chosen by the party-appoint di the party-appoint di in Hartford, Connecticu expeditiously resolve the in the Snow Sports School from the Facility, the in the activities engaged	ged in by the Participant party-appointed arbitrators. In the ed by the United States I ed arbitrators, and the part t and shall be governed bis matter. In the event thool, the claim shall be the Partnership, and/or t in during the Snow Spor	School to arbitration, for the sole purpose of while participating in the Snow Sports Schoors (one arbitrator to be appointed by each pevent that the two party-appointed arbitrator District Court, for the District of Connecticulies shall share equally the costs associated with the Panel Rules of Evidence. The Panel stat the Panel determines the alleged injury deemed barred, as a matter of law, and the Lounge. In the event that the Panel dets School, the Participant shall proceed to meeticut, for a trial de novo.	ool. For such arty) and one s are not able t. Each party the neutral shall establish y arises from a Participant termines the
		ent: I grant permission to Mour of its facilities for purposes su			videotape, motion picture recording, or any other legitimate advertising.	y other
		AND UNDERSTAND THIS A AL RIGHTS, INCLUDING TH		M AWARE THAT BY S	IGNING THIS AGREEMENT I MAY BE	E WAIVING
Stude	ent's Name	(Please Print):				
Stude	ent's Date o	f Birth:	_			
Pare	nts or Gua	rdians must also sign if the pa	rticipant is UNDER 1	8.		
Parei	nt/Guardian	Name (Please Print):				

Parent/Guardian Signature: _____ Date: ____

Parental Medical Treatment Release and Authorization Winter Season 2017-2018 Tiny Tykes

I, the parent or guardian of the	child listed below, hereby give permi	ission to Mount Southington Ski Patro				
to render any medical care deemed necessary for the safety of my child, including but not limited to,						
transportation to the nearest ho	spital capable of providing appropria	te treatment. I further agree to pay all				
costs associated with any medical treatment rendered after my child leaves the care of Mount Southington						
Ski Patrol.						
Child Name						
Child's Date of Birth: / /						
Child's known allergies or medi	cal conditions:					
Parent's Printed Name	Parent's Signature	Date				