MASSACHUSETTS SKI CLUB, INC. REGISTRATION FORM

NAME:		AGE:	
ADDRESS:			
STREET	TOWN	ZIP CODE	
TEL. NO:	DATE OF BIRTH:		
LEVEL:			
TO BE FILLED OUT BY ADU	JLT APPLICANT, PARENT OR GU	JARDIAN:	
give my consent and approval of current season. I assume all risk transportation to and from such agree to hold harmless any and persons transporting myself/him Massachusetts Ski Club, Inc. from me/him/her or for any loss or day by the rules and regulations of the season of the sea	, individually or as pplicant) for membership in the Mass of his/her participation in any and all sks and hazards incidental to such part activities. I do hereby waive, release all of the instructors, aides, assistants of the order and from such activities of the order and all claims arising out of participation and all claims arising out of participation. LEASE NOTIFY:	skiing activities during the ticipation including e, absolve, indemnify and s and associates, and all the ne program and/or the personal injuries to his, hers. I/he/she will abid	
RESPONSIBLE ADULT SHOW	ULD BE PRESENT AT BUS PICK-	UP AND DROP OFF.	
DATE:	SIGNATURE		
STREET	PRINT NAME		
TOWN	PHONE NO.		
RELATIONSHIP TO SKIER (I.E., PARENT, GUARDIAN)			