



**Olin/Lacasse Registration  
Thanksgiving 2009  
Colorado**

Please complete and mail to:  
Olin/Lacasse SkiRacing School  
1755 Bluebird Lane  
Red Wing, MN 55066

Call: 651-267-0249

Copper Fee: \$1750 Includes: 7 nights, meals, 6 days coaching, lifts, airport/daily transportation  
VAIL/Copper Fee: \$2450 Includes 11 nights, meals, 9 days coaching, lifts, airport/daily transportation  
The camp fills to capacity. Please enroll early.

Payment by PayPal	Payment by check
Amount \$ _____	Amount \$ _____
Transaction ID# _____	Check # _____
_____	_____

Name(s): \_\_\_\_\_  
 Parent's names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State & Zip: \_\_\_\_\_ Age & Sex: \_\_\_\_\_  
 Phone(s): \_\_\_\_\_  
 Email(s): \_\_\_\_\_  
 # of years skiing: \_\_\_\_\_ # of years racing: \_\_\_\_\_  
 Home program: \_\_\_\_\_

Thanksgiving 2009 Sessions  
(dates reflect arrival/departure days)  
PLEASE Circle Choice

**Nov 25-Dec 2 (Wed Arrv)  
Copper: \$1750**

**Nov 21-Dec 2 (Sat. Arrv)  
VAIL/Copper: \$2450**

- Tuition: \$1750 or \$2450 (US) per registrant must accompany registration to reserve your enrollment. Checks payable to: Olin/Lacasse SkiRacing School
- Full Balance: Due to limited time constraints, full tuition is due no later than Nov. 1st, 2009. Family lodging arrangements are available.
- Cancellation Policy: REFUNDS are available if you cancel 15 days prior to camp; an administration fee will be applied; possible forfeiture of full tuition if you cancel without notice.
- Skiing in the mountains involves inclement weather;--bring winter/summer/rain gear and appropriate attire. Olin/Lacasse is not responsible for lost training days.

**MEDICAL RELEASE**

Name: \_\_\_\_\_ Medical insurance policy #: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medical/physical problems (explain): \_\_\_\_\_  
 \_\_\_\_\_  
 Current medication(s): \_\_\_\_\_

Consent: I, parent/guardian of participant, hereby grant permission, in case of injury, to have physician or other medical personal, provide medical assistance and or treatment to said participant.

\_\_\_\_\_  
Signature - parent/guardian

**CODE OF CONDUCT & GROUNDS FOR**

Each participant will be expected to accept full responsibility for his/her conduct while attending Olin/Lacasse Programs and commit that his/her behavior will reflect positively on himself/herself, the Olin/Lacasse Program, and the sport of ski racing. Each participant understands that misconduct includes personal behavior that is not a compliment to himself/herself, his/her family, his/her coaches and fellow athletes. EACH PARTICIPANT UNDERSTANDS THAT ANY INFRACTION OF THE AFOREMENTIONED GUIDELINES MAY RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM. In addition; IMMEDIATE DISMISSAL FROM THE PROGRAM WILL RESULT FROM ANY INVOLVEMENT WITH, POSSESSION, USE OR DISTRIBUTION OF ALCOHOL, DRUGS, OR TOBACCO, OR ANY OTHER RELATED DRUG PARAPHERNALIA. If participants choose to remain in a room or situation where alcohol or drugs (other than drugs prescribed for the person taking them) are being used, they will be considered to be involved and will be dismissed from the Program. TERMS OF DISMISSAL ARE AS FOLLOWS: 1) parent/guardian is notified of incident; 2) parent/guardian is responsible for making arrangements for participant's return home immediately at the parent's/guardian's expense; 3) no tuition refund or any other refunds.

\_\_\_\_\_  
Signature - parent/guardian

\_\_\_\_\_  
Signature - camp participant

**ASSUMPTION AND ACCEPTANCE OF RISK, RELEASE AND**

I acknowledge that the programs ("Programs") of Olin/Lacasse Ski Racing School ("Olin/Lacasse"), including without limitation, the Olin/Lacasse Ski Camp, are filled with risks which are beyond the the control of Olin/Lacasse, including, but not limited to the risk of personal injury from skiing or other sports that are part of the program. By signing this Acknowledgement and Assumption of Risks and Release from Indemnity, as parent/guardian, I am consenting to my child's or ward's participation in any of the Olin/Lacasse Programs and in consideration of Olin/Lacasse permitting my child or ward to participate in any of the Program, I agree to release and indemnify and hold Olin/Lacasse, its servants, agents or employees harmless from any and all claims, demands, damages or causes of action arising out of or in consequence of any loss, injury or damage to my child's or ward's person or property while attending or participating in any program of Olin/Lacasse.

\_\_\_\_\_  
Signature parent/guardian Date

\_\_\_\_\_  
Signature - camp participant Date