

Authorization and Release

I, the undersigned, know that skiing is an action sport, carrying significant risk of personal injury. Ski racing, practicing for ski racing, and all of the activities taking place in order to prepare for ski racing are dangerous and physically demanding activities. I know that there are natural and man-made obstacles or hazards. Surface and environment conditions, along with risks, may cause serious injury. I, the undersigned, accept the inherent dangers of physical participation in such activities. I agree that I (and not Trollhaugen Winter Recreation Area, it's staff, or it's volunteers) am totally responsible for my safety while I participate in these activities.

_____/____/_____
PARTICIPANT'S SIGNATURE DATE

_____/____/_____
PARENT / GUARDIAN (PRINT) DATE

_____/____/_____
PARENT / GUARDIAN (SIGNATURE) DATE

(If you are under 18, this form must be signed by a parent or legal guardian)

Power to Authorize Medical Treatment

I, the undersigned, as a parent and/or legal guardian of: _____ (person under age 18) recognize that medical treatment may become necessary in the High Performance Training and to avoid delay of any necessary medical treatment and/or that which would alleviate physical injury, hereby empower the staff of Trollhaugen Winter Recreation Area or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of any hospital, medical doctor, emergency medical technician, and/or paramedic. This authorization is complete and of itself fully operative upon my signature for the duration of the Trollhaugen High Performance Training Program.

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN (SIGN)

INSURANCE COMPANY

POLICY NUMBER

DOCTOR'S NAME

PHONE NUMBER

EVENTS

Thanksgiving Race Camp:

Nov. 28 - 30

3 - Day race camp dedicated to slalom and giant slalom skiing

NASTAR * Race Program:

Dec - Feb. *on Sat. & Sun.

Fun, yet competitive timed races!

Test your skill & your race times.

Visit trollhaugen.com for daily & season pass Nastar rates

Women's Alpine Program:

Jan - Feb. *on Sun. & Tues.

Get together with The Ladies for these fun alpine sessions

Other Training Programs

More Programs May be Available During the Up-Coming Season

Call for a Brochure or Application, or for information about up-Coming programs.

WEB: www.trollhaugen.com

PH: 715.755.2955 or 651.433.5141

2009-10

ADULT

HIGH-PERFORMANCE



SKI-TRAINING



2232 100th Ave. Dresser, WI 54009

Web: www.trollhaugen.com

PH: 715.755.2955 or 651.433.5141

THE PROGRAM

This program is designed for adults looking to improve their All-Mountain skiing proficiency, particularly for those planning a mountain resort ski vacation.

Each session will focus on the skills required to ski more efficiently through variable conditions; this results in longer ski days with less fatigue & makes a more enjoyable on-the-snow experience

These training sessions concentrate on the refinement of core skiing skills and uses these skills as a foundation for developing a solid skiing technique for each individual. Effective utilization of modern ski equipment is an integral part of the training.

Each training session includes Skill Development, Directed Free Skiing, Practice Drill Courses, and Video Analysis

Video analysis is used extensively throughout each session, allowing the participants an opportunity to visualize their skiing and work with the coaches to develop a plan for skill improvement

A high coach-to-skier ratio ensures that each participant is given personalized direction from an experienced coach. All of the coaches have experience-training with the Aspen Ski School

Program Director: Rob Arend
Contact Number: 651.486.8107
Email: robbarend@msn.com

THE DATES



SESSION 1:

Dec. 13, Dec. 20, Jan. 10, Jan. 24

SESSION 2:

Jan. 31, Feb. 7, Feb. 21, Feb. 28

THE RATES

SESSION 1: \$152

SESSION 2: \$152

BOTH SESSIONS: \$260

THE SCHEDULE

CHECK - IN: 9:30am

TRAINING: 10:30am - 12pm

LUNCH BREAK: 1 hr includes video analysis

TRAINING: 1pm - 3pm

VIDEO ANALYSIS: 3pm - 3:30pm

APPLICATION

Name _____

Address _____

Phone _____

Cell # _____

Email _____

Male ___ Female ___ Birthdate ___/___/___ Age ___

PRICING

SESSION 1 or 2 \$152 _____

BOTH SESSIONS \$260 _____

4 - LIFT TICKETS: \$80 _____

8 - LIFT TICKETS: \$160 _____

SUNDAY SEASON PASS: \$227 _____

If purchasing pass, please call for an application

PAYMENT

Check # _____ Amt _____ Date _____

(or)

Visa _____ Mastercard _____

Acct. # _____

Exp. Date ___/___/___ Amt _____