

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 volunteers) am totally responsible for my safety while I participate in these activities.

RACER'S SIGNATURE

DATE

PARENT / GUARDIAN (PRINT)

DATE

PARENT / GUARDIAN (SIGN)

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.

PARENT / GUARDIAN (PRINT)

PARENT / GUARDIAN (SIGN)

INSURANCE COMPANY

POLICY NUMBER

DOCTOR'S NAME

PHONE NUMBER

Events:

THANKSGIVING RACE CAMP

* Nov 27 - 29 *

A 3-DAY RACE CAMP DEDICATED TO SLALOM & GIANT SLALOM SKIING!

NASTAR* RACE PROGRAM

*DEC - FEB. ON SAT. & SUN.

THESE TIMED RACES ARE A FUN, YET COMPETITIVE WAY TO TEST YOUR SKILL & RACE TIMES! FOR DAILY OR SEASON PASS NASTAR RATES, VISIT: WWW.TROLLHAUGEN.COM

WINTER VACATION RACE CAMP

A 2-DAY RACE CAMP FOR AGES 12-18. PLEASE CONTACT ROB AREND FOR MORE INFORMATION.

COLLEGIATE RACE CAMP

A 4-DAY CAMP FOR COLLEGIATE RACERS COVERING SLALOM, GIANT SLALOM, AND SPEED EVENTS. PLEASE CONTACT ROB AREND FOR MORE INFORMATION.

ROB AREND CONTACT INFO:

PHONE: (651)486-8107

EMAIL: robbarend@msn.com

2009-2010

High School

Race Academy



2232 100th Ave. Dresser, WI 54009

WEB: www.trollhaugen.com

PH: 715.755.2955 or 651.433.5141

The Race Program

The Race Academy is open to High School & Junior racers ages 12-18

The focus is for each racer to develop a solid foundation of skiing skills first, then transfer this into their racing & all mountain skiing

Each training session will include skill development through directed free skiing, drill courses, & timed practice race courses

A high coach-to-skier ratio ensures that personalized attention will be given to each participant

Video Analysis is used extensively throughout the program, allowing racers the opportunity to visualize their skiing & work with the coaches to develop a plan for improving their skills

Weekly email evaluations will be sent to each racer, including video clips and stills from each training session

Program Schedule

8 Sunday Training Dates

9:30am - 3:30pm

Starts: Dec. 6, 2009

Ends: Feb. 14, 2010

-program calendars available upon arrival

Session Schedule

Check-In:

9:30am

Training:

10:30am - 12pm

Lunch Break:

(Video Analysis Session)

12pm - 1pm

Training:

1pm - 3pm

Video Analysis:

3pm - 3:30pm

Program Director: Rob Arend

Contact Info: (651)486-8107

Email: robbarend@msn.com

Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____

CELL # _____

EMAIL _____

MALE _____ FEMALE _____ AGE _____

TRAINING PRICING:

8 - SESSIONS (TICKET NOT INCLUDED): \$200 _____

THANKSGIVING RACE CAMP: \$95 _____ TICKETS: \$30 _____

LIFT TICKET OPTIONS:

8 - SESSION LIFT TICKETS: \$160 _____

SUNDAY SEASON PASS: \$225 _____
(IF PURCHASING A PASS, Please call for application)

TOTAL TRAINING & LIFT: \$ _____

PAYMENT:

CHECK# _____ AMT. _____ DATE _____

(OR)
VISA _____ MASTERCARD _____

ACCT. # _____

EXP. DATE ____/____/____ AMT. _____