

## Authorization / 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.

\_\_\_\_\_  
RACERS 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 Spring Slalom Series 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 Spring Slalom Series.

\_\_\_\_\_  
PARENT/GUARDIAN (PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN (SIGNATURE)

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
DOCTOR'S NAME

\_\_\_\_\_  
PHONE NUMBER

# Spring Slalom Series



PH: 715.755.2955 or 651.433.5141

WEB: [www.trollhaugen.com](http://www.trollhaugen.com)

# RACE INTO SPRING: Join us for the **SPRING SLALOM SERIES**

**TUESDAY NIGHTS @ 7pm**

**FEB. 22 ; MAR. 1 ; MAR. 8**

All ages are welcome!

**Please register by Feb. 15:**

This will allow us to begin on Feb. 22 @ 7pm

Test your speed and skills in this 3 week series of combined time races.



You will receive 2 runs / night; your combined time each night counts for points in the series.

Each person will race individually, not in a team format.

Awards for the series will be given to the top 3 racers in each division on the final night of racing.

**Discounted Lift Tickets are available**

Inquire w/ Greg Anklan

or

Trollhaugen Ticket Office

PH: 715.755.2955 or 651.433.5141

WEBSITE: [www.trollhaugen.com](http://www.trollhaugen.com)

**Program Director:** Greg Anklan

**PH:** 651.257.7401

**EMAIL:** [ganklan@yahoo.com](mailto:ganklan@yahoo.com)

## Application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Age (as of 1/1/11): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Division:** circle the division you qualify for  
as of Jan. 1, 2011

**Girls I**      **Girls II**      **Boys I**      **Boys II**  
12 & Under      13 - 18      12 & Under      13 - 18

**Women I**      **Women II**      **Men I**      **Men II**  
19 - 34      35 & Up      19 - 34      35 & Up

**Fees:** \_\_\_\_\_ \$40 - 3 Races  
\_\_\_\_\_ \$15 - Per Race

**Payment:** Master \_\_\_\_\_ Visa \_\_\_\_\_

Acct. # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt: \$ \_\_\_\_\_

3Digit CCV #: \_\_\_\_\_ Zipcode \_\_\_\_\_

Checks payable to **Trollhaugen** - Mail w/  
completed registration & release form to:

Greg Anklan  
536 Nelson Lane  
Center City, MN 55012