

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.

RACERS SIGNATURE

DATE

PARENT/GUARDIAN (PRINT)

DATE

PARENT/GUARDIAN (SIGNATURE)

DATE

If you are under 18, this form must be signed by a parent/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 Twin Tip D-Team 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 Twin Tip D-Team.

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN (SIGNATURE)

INSURANCE COMPANY

POLICY NUMBER

DOCTOR'S NAME

PHONE NUMBER

EVENTS

OPEN HOUSE RAIL JAM:

OCT. 4, 2009

Registration: 9am ; Competition: 11:30am

FROSTBITE RAIL SERIES:

DEC - JAN

Friday nights, check on-line for details

2ND SHIFT RAIL JAM:

CHECK WEBSITE FOR MORE DETAILS

WWW.TROLLHAUGEN.COM

09-10 FREE-STYLE

Twin Tip



D-TEAM



2232 100th Ave. Dresser, WI 54009

PH: 715.755.2955 / 651.433.5141

WEB: www.trollhaugen.com

TROLLHAUGEN'S NEW SCHOOL

FREESTYLE TWINTIP D-TEAM

TRAINING & COMPETITION IN BIG AIR,
SLOPESTYLE, & CARVING (SKIERS 7-18)

BIG AIR: TRICKS PERFORMED OVER
4, 8, 12 FOOT JUMPS
(COMPETITOR'S CHOICE)

SLOPE STYLE: TRICKS PERFORMED
DURING A RUN. THESE TRICKS MAY
CONSIST OF GROUND WORK,
SPRING OLLIES, 180'S, ETC.
THEY MAY ALSO INCLUDE AIR TRICKS
THAT UTILIZE OBSTACLES WITHIN
THE RUNS' BOUNDARIES.

CARVING: TIMED & SCORED EVENT.
THE BEST TIME, ALONG WITH THE MOST
DIFFICULT LINE OF 2 RUNS, WILL BE USED
TO TABULATE SCORES & EVENT.

CALENDAR

TRAINING TIMES: **1PM-4:30PM**

Nov. 15: OPEN HOUSE @ TROLL:
QUESTION AND ANSWER @ 3PM

DEC. 13: TRAINING @ TROLL

DEC. 20: TRAINING @TROLL

JAN. 3: TRAINING @ TROLL

JAN. 10: COMPETITION @ WILD

JAN. 17: TRAINING @ TROLL

JAN. 24: COMPETITION @ TROLL

JAN. 31: COMPETITION @ BUCK

FEB. 7: TRAINING @ TROLL

FEB. 14: TRAINING @ TROLL

FEB. 21: CHAMPIONSHIPS @ AFTON

FEB. 28: TROLL BOARDER CROSS

APPLICATION

NAME _____

ADDRESS _____

PHONE _____

CELL # _____

EMAIL _____

MALE ___ FEMALE ___ AGE ___ (AS OF 9/1/09)

BIRTHDATE___/___/___

PRINT PARENT'S NAMES AND PHONE NUMBERS CLEARLY

PRICING

COACHING & TRAINING: \$225_____
(Lift Ticket Not Included)

ADDITIONAL FAMILY MEMBER: \$175_____

SUNDAY SEASON PASS FOR D-TEAM MEMBERS:

AGES 6-12: \$175_____

AGES 13-17: \$225_____

TOTAL TRAINING & PASSES: \$_____

PAYMENT

CHECK #: _____ AMT: \$_____

(OR)
VISA _____ MASTER _____ AMT: \$_____

ACCT. #: _____

EXP. DATE: ___ / ___

-Please pay by Dec. 7, 2009. There is a \$5 Late Registration Fee.