

**2009-2010 Bridger Ski Foundation Freestyle
Program Registration**

Athlete Information:

Name _____ Birth Date/Age _____
Cell Phone _____ **USSA # (required)** _____

Parent/Guardian Information:

Parent/Guardian Name(s) _____
Home Address _____ City, State _____ Zip _____
Billing address (if different) _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-Mail _____

BSF Membership Information

Member Name (individual) or Head of Household (family) _____

Age Group (determined by athlete's age as of December 31, 2009)

J1(age 17-18) J2(age 15-16) J3(age 13-14) J4(age 11-12) J5(age 9-10)

CHOOSE PROGRAM and PAYMENT OPTION

Competition Team - Five day program including weekday training, weekly Trampoline/Night Jumping sessions, video analysis, training camps and quest coaches. On snow program runs November – March.

\$600 payment in full at registration
 \$630 paid in two installments of \$315 due Dec 1st and Jan 1st

Freestyle Team - Entry level program. On snow training is one day per week, every Saturday from November – March. 16 days of coaching plus training camps. Will train in mogul skiing, mountain skiing, and jumping. Athletes can participate on the first week of every month for trampoline/night jumping sessions.

\$400 payment in full at registration
 \$420 paid in two installments of \$210 due Dec 1st and Jan 1st

PAYMENT SUMMARY:

Program fees or installment payments from above \$ _____

Donation in lieu of volunteering \$ _____

BSF Freestyle keeps fees as low as possible. In order to offer a cost effective program, we ask that each family agree to work at the Ski Swap, which is the first weekend in November. If your family is not able to commit to helping at this fundraiser, please consider making a tax-deductible donation in lieu of volunteering. Suggested donation is \$200.

Total Payment Included with Registration \$ _____

Make checks payable to Bridger Ski Foundation. Installment invoices will be emailed to you. You may pay with Visa/Master Card only if electing to pay in full at registration.

Visa/MC number _____ Expiration date _____

I have read the BSF Freestyle Handbook (see at bridgerskifoundation.com/forms.index.htm) and reviewed it with my athlete. We agree to abide by all policies within the Handbook. I agree to pay the training fees indicated above along with any additional expenses for camps, travel, and all race fees when billed, and understand that late payments will be subject to a \$25 late payment fee. If credit card number is listed above, I authorize the program fees and/or donation indicated to be charged to my account.

(Parent/Guardian Signature and Date)

Registration Checklist*:

- This registration form, must include USSA membership number
- BSF Liability Release form
- Bridger Bowl Liability Release form
- Medical Release form
- BSF Membership for 2009-2010 (1 per family)

** All above forms can be found at <http://bridgerskifoundation.com/forms/index.htm>*

Mail completed forms along with payment to:

BSF Office, P.O. Box 1243, Bozeman, MT 59771-1243

Registration is not complete until all forms have been received by BSF. Thank you!