



INSTRUCTOR REGISTRATION FORM 2010



Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Email: _____

Emergency Contact(s) Name: _____

Relation: _____ Phone #: _____

For Instructors under 18 years of age:

Name of Parent/Guardian: _____

Liability Release

I, the undersigned, **do / do not (circle one)** give my permission for my name and picture/photograph to be used by Shared Ski Adventures for web page display and other advertising. I do hereby agree to hold harmless CP Rochester, its officers, directors, employees, volunteers and others assisting in the Ski program administered by CP Rochester. I fully agree that material aspects of the program have been explained to me and that I fully understand the risks and liabilities of the Ski program and solely assume such risks. If parental or guardian confirmation is required by CP Rochester to participate in the Ski program, I hereby agree to have such person or persons sign such release on my behalf. I fully understand that I will abide by the laws and statutes on ski slope liability as provided by the laws and statutes of the State of New York. Those conditions do not alter the terms and conditions of this contract. I acknowledge that I am either covered directly or indirectly for hospitalization insurance in the state of New York and this coverage is primary for any injury sustained in this program.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if instructor is under 18)

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PAYMENT & REGISTRATION

- *Online / Credit Card:* Payment can be made online at <http://www.cprochester.org/ssa.asp>
- *By mail / Check:* Please make checks payable to **CP Rochester - SSA**

ITEM	DETAILS	COST
8-week ski session \$160		
Rentals	\$10 per day x # days	+
Family Lift Tickets	\$25 each x # tickets	+
TOTAL DUE		

Please return completed form and payment to:
CP Rochester, Attn: Recreation / SSA
3399 Winton Road South, Rochester, NY 14623