

**A VAIL SKI AND SNOWBOARD SCHOOL PROGRAM**  
**Ski Younger Now**  
*Low-torque, low-impact skiing for life*  
**REGISTRATION & SKIER PROFILE FORM, 2017-18**

Please return by: Email [ifranberg@vailresorts.com](mailto:ifranberg@vailresorts.com) or FAX: 970-754-4315

**REGISTRATION INFORMATION**

Today's Date \_\_\_\_\_

Skier's Name: \_\_\_\_\_

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

Phone numbers: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

**PLEASE INDICATE YOUR CLINIC PREFERENCE** (You may sign up for one or all)

\_\_\_\_\_ December 19-21, 2017 Lesson only: \_\_\_\_\_ Lift/Lesson \_\_\_\_\_

\_\_\_\_\_ January 13-15, 2018 Lesson only: \_\_\_\_\_ Lift/Lesson \_\_\_\_\_

\_\_\_\_\_ January 16-18, 2018 Lesson only: \_\_\_\_\_ Lift/Lesson \_\_\_\_\_

\_\_\_\_\_ February 13-15, 2018 Lesson only: \_\_\_\_\_ Lift/Lesson \_\_\_\_\_

\_\_\_\_\_ March 13-15, 2018 Lesson only: \_\_\_\_\_ Lift/Lesson \_\_\_\_\_

\_\_\_\_\_ April 3-5, 2018 Lesson only: \_\_\_\_\_ Lift/Lesson \_\_\_\_\_

Cost for each clinic: \$776 lesson only or \$966 lift and lesson.

BILLING PROCESS: Your credit card will be charged the full price of \$776/\$966 on the first day of the clinic.

We will confirm your booking with an e-mail. At that time we will attach a credit card authorization form. Please, complete and return this form to Ingie Franberg, Specialty Programs Supervisor, via fax to 970-754-4315.

For questions please contact Ingie at 970-754-4311 or e-mail [ifranberg@vailresorts.com](mailto:ifranberg@vailresorts.com)

If you are booking as a group, please provide the names of your group members:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Comments:**

## SKIER PROFILE INFORMATION

Please answer the following questions so that we can determine what group will be most appropriate for your skiing ability and goals. Please comment on your general skiing. We can make adjustments when we are all on snow.

- When did you last ski?
- How many days have you skied during the 2015-16 and 2016-17 seasons?
- Rate your skiing level (circle one):      Intermediate    Advanced    Expert
- Rate your confidence (**1 = not confident**    **to**    **5 = very confident**)

	<b>Blue Trails</b>	<b>Black trails</b>
Groomed	1 2 3 4 5	1 2 3 4 5
Bumps	1 2 3 4 5	1 2 3 4 5
Powder (10 inches or less)	1 2 3 4 5	1 2 3 4 5
- Generally when you ski, are you:  
Aggressive? \_\_\_\_      Deliberate / thoughtful? \_\_\_\_      Conservative? \_\_\_\_
- Indicate the % of a typical ski day you would spend skiing:  
Groomed \_\_\_\_    Bumps \_\_\_\_    Powder \_\_\_\_
- Do you typically ski a . . .    Full Day? \_\_\_\_      Partial Day? \_\_\_\_
- Please comment on your physical condition.
- Are you recovering from or concerned about injuries, lack of conditioning, etc.? Please explain.
- Please offer information about your ski equipment.  
  
How old are your skis? \_\_\_\_\_ yrs  
How old are your boots? \_\_\_\_\_ yrs  
Do you have custom footbeds? Yes    No
- Please describe some of your goals in skiing and your expectations for this clinic.

And finally, please share any other thoughts that will help us form groups. (Use the reverse side if necessary.)