

# Adult Racing 2010

The Race Department and Management of Blue Mountain Ski Area welcome you to another exciting season of training and racing.

Blue Mountain has made a commitment to having a strong program for the amateur racing enthusiast. Blue Mountain has the resources and personnel to back this commitment, giving you the best possible racing experience.

Take our race clinics to develop your skills, technique, and strategy, then join our races and enjoy the success!

## Calendar of Adult Race Events

January	11.....	Start of Monday Night Racing
January	12.....	Tuesday Night Clinic begins
January	13.....	Wednesday Morning Clinic begins
February	13.....	Mack Bulldog Challenge Race
February	28.....	Eastern PA Ski Council Race

DATES AND EVENTS ARE SUBJECT TO CHANGE

For more details concerning these events, see the enclosed information or contact the individual sponsor of the race. Please feel free to call Blue Mountain for additional information. Phone (610) 826-7700.

Racers ready!!! One way to prepare is to join our Adult Racing Program. For the 2009/2010 ski season, Blue Mountain will offer our adult skiers a Tuesday night race clinic. This clinic will provide appropriate levels of race instruction based upon your current level of skiing ability.

### TUESDAY ADULT RACE CLINICS

Age: 18 and up

Dates: Beginning January 12th and run for six

consecutive weeks. (All make up dates will be at the discretion of Blue Mountain.)

Time: 7:00 P.M. to 9:30 P.M.

**Cost:** (does not include lift ticket)

**\$165.00**

**\$155.00 before November 16th**

#### APPLICATION AND CONSENT FORM 2009-10 ADULT RACING CLINIC

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_

e-mail- \_\_\_\_\_

EMERGENCY NAME AND PHONE \_\_\_\_\_

#### CONSENT FORM

I the undersigned want to register for the program and realize that alpine skiing is an action sport carrying significant risk or personal injury. I know there are natural and man-made obstacles or hazards, including lift towers and snowmaking equipment (such as guns, hydrants, and hoses), surface and environmental conditions, and risks which in combination with my actions can cause me severe or possible fatal injury. I agree that I, as a participant must take an active role in understanding and accepting these risks, conditions and hazard. I further agree to hold blameless Blue Mountain Ski Area, its employees, sponsors, volunteer workers and assignees should any of the above occur.

SIGNATURE \_\_\_\_\_

#### **A Blue Mountain Release Must Be Signed At Your First Meeting**

Mail separate checks with your program and season pass application to:

Blue Mountain Ski Area

Alpine Racing Dept.

P.O. Box 216

Palmerton, PA 18071

# WEDNESDAY MORNING RACE CLINICS

CONDUCTED BY AMATO DEPAULO AND KAREN SOSIK

THIS PROGRAM IS DESIGNED FOR MEN AND WOMEN WHO ARE INTERMEDIATE TO ADVANCED SKIERS AND WANT TO IMPROVE THEIR SKIING. THE EMPHASIS OF THIS PROGRAM WILL BE THE INTRODUCTION OF NEW TECHNIQUES THAT WILL HELP YOU DEVELOPE YOUR CARVING SKILLS AND ENABLE YOU TO SKI GATES.

Age: 18 and up

Dates: Beginning January 13th and running for six

consecutive weeks. (All make up dates will be at the discretion of Blue Mountain.)

Time: 9:30 A.M. to 12:00 P.M.

**Cost:** (does not include lift ticket)

**\$165.00**

**\$155.00 before November 16th**

APPLICATION AND CONSENT FORM WEDNESDAY RACING CLINIC

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_

e-mail- \_\_\_\_\_

EMERGENCY NAME AND PHONE \_\_\_\_\_

## CONSENT FORM

I the undersigned want to register for the program and realize that alpine skiing is an action sport carrying significant risk or personal injury. I know there are natural and man-made obstacles or hazards, including lift towers and snowmaking equipment (such as guns, hydrants, and hoses), surface and environmental conditions, and risks which in combination with my actions can cause me severe or possible fatal injury. I agree that I, as a participant must take an active role in understanding and accepting these risks, conditions and hazard. I further agree to hold blameless Blue Mountain Ski Area, its employees, sponsors, volunteer workers and assignees should any of the above occur.

SIGNATURE \_\_\_\_\_

**A BLUE MOUNTAIN RELEASE MUST BE SIGNED AT YOUR FIRST MEETING.**

Mail separate checks for this your program to:

Blue Mountain Ski Area  
Alpine Racing Dept.  
P.O. Box 216  
Belmont, PA 19071