



Tyrol Basin, WI

February 12-14 or February 13-14, 2010 Mount Horeb, WI

Overview:

Join us at Tyrol Basin for a fun-filled, intense weekend. Tyrol has a great halfpipe, terrain park and challenging terrain for all levels.

Camp- Riders have the option to attend our camp as a supervised camper and travel and stay with the team from Feb 12-14 or day camper from Feb 13-14 and stay with your family. We will have designated coaches just for our campers! We may be limited for space on beginner level snowboarders, inquire first before registering.

Competition- Riders have the option to attend the comp as supervised rider and travel with the team and stay with us from Feb 12-14! Or, travel with your family and receive coaching on Feb 13-14!!

For overnight campers/competitors- Riders are full supervised throughout the entire weekend! We will be driving in mini-vans by our trained drivers and staying at the Karakahl Inn in Mount Horeb, Wisconsin. Lift tickets are included for overnight campers/competitors only. We leave at approximately 5pm on Feb 12 and return the night of Feb 14.

Registration Instructions: To ensure the highest level of safety and maintain a low rider to coach ratio, registration for riders is limited. Lift tickets are not included, except for overnight campers and competitors. Forms and payment (a copy of the rider's insurance card for supervised riders) must be received by *February 5* to ensure the space or registration will continue until no space is available. Return forms and payment to: G Team, 4201 Miller View Road, Elko MN 55020. An itinerary will also be sent days before with complete details.

----- **Tyrol Basin 2010 REGISTRATION** -----

Rider Name _____ Sex: (M) (F) Rider Phone _____
Address _____
City _____ State _____ Zip _____ Age _____ Birthdate _____
Riding Experience: (Beginner)(Intermediate)(Advanced)
Competitors (select events): BX SS HP SL GS

Father's/Guardian's Name _____ Email _____
Phone (H) _____ (W) _____ (Cell) _____

Mother's/Guardian's Name _____ Email _____
Phone (H) _____ (W) _____ (Cell) _____

Name and phone number of a relative or close friend to notify in the event of an emergency.
Name _____ (H) _____ (Cell) _____

Fee(s)	Fee
Day Camper	\$120 _____
Full-Time Camper (overnight & travel with the team)	\$400 _____
Competitor Only Coaching Fee for both Halfpipe and Slopestyle	\$60 _____
Competitor Only Coaching Fee for both Giant Slalom and Slalom	\$60 _____
Competitor Only Coaching Fee for both Boardercross	\$40 _____
Competitor Only Coaching Fee for all 5 events	\$140 _____
Supervised Rider/Competitor (overnight & travel w/team)	\$275 _____

Payment, *circle one*: Check (*strongly preferred*) Visa Mastercard Total Fee \$ _____
Card Holder Name _____ Card Number _____ Exp. _____
Authorized Signature _____ Sec Code _____

No refunds or credits will be given for G Team registration after Jan 15. If accepted within 3 days of event, add \$25. 3% fee for credit card payments will be added. A \$35.00 handling fee will be charged each time a check is returned unpaid by the bank.

Both Parent/Guardian Signatures Required _____ _____

RELEASE OF ALL CLAIMS – Tyrol Basin, WI, 2010

We Mr. _____ and Mrs. _____ parents of _____ a minor, understand that competitive snowboarding racing, practicing for competitive snowboard racing and all of the activities taking place in order to prepare for snowboard racing are dangerous and physically demanding activities and that serious personal injury is a possibility. We accept the inherent dangers of physical participation in such activities and do hereby agree to allow her/his participation in such activities and do hereby release the g team of Minnesota, a Non Profit Corporation, it's incorporaters, directors, contractors, and coaches, g team inc., and any and all other present and future employees, coaches, contractors, and all volunteers, who are assisting with management or operation of either Corporation or its activities, in any way, Tyrol Basin Ski and Snowboard Area, United States of America Snowboarding Association and said to hold all parties free of claims, demands, causes of action, and/or attorneys fees arising out of or in any way related to any personal injury of property damage sustained by/to our child while being transported to or from such activities or while involved in such activities.

We have read and understand this release and voluntarily, willingly, and knowingly have signed this release as evidence of our agreement to all of its terms.

Dated _____

x _____

x _____

NOTE: Both parents must sign. If a single parent or single permanent custodial parent is responsible, then may be executed below.

I represent to the parties released that I am the sole parent/custodial parent/ legally authorized guardian of _____ and agree to all of the above release terms and conditions.

Dated _____

x _____

POWER TO AUTHORIZE MEDICAL TREAT (complete this section only if you are an overnight campers)

I, undersigned, as and/or legal guardian _____ (my child) do recognize that medical treatment may become necessary during my child's travel and participation with the g team inc. and to avoid delay of any necessary medical treatment and/or that would alleviate physical discomfort attendant to physical injury, HEREBY EMPOWER the coaches and staff of g team inc. 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 paremedic.

This AUTHORIZATION is complete in and of itself and is fully operative upon my signature for the duration of my child's participation with the g team inc.

Date: _____

x _____

x _____

Insurance Company: _____

Insurance Company Address: _____

Insurance Policy Number: _____

Doctor's Name and Phone: _____

Medical Information

Allergies? Yes No Attach Explanation Medication(s)? Yes No Attach Explanation

Date of last Tetanus shot _____

Are there any other health issues the coaching staff should know about? Yes No Attach Explanation

Note: Athletes will asthma or other major health condition(s) must attach a doctor's release.