



G Team President's Day Camp ~ Feb 13-14

Hyland Ski & Snowboard Area, Bloomington Minnesota

Camp Overview

G Team Hyland Holiday Camp provides two days of instruction and training during the winter holiday break at Hyland Ski and Snowboard Area for all abilities and ages! Camp offers a complete training experience, designed to help riders progress in a safe, structured environment. All riders of all levels are welcome to attend, from first-time to advanced riders!

Training Highlights

- Midwest's Top Professional Coaches
- Low Rider-to-Coach Ratio
- Daily Video Review and analysis
- Written Evaluation
- Complete Supervision

Camp Schedule:

Camp Feb 13-14: 10am-2pm both days

Camp Fee: GT Members-\$60, Non-Members-\$75 if paid by February 13 (does not include lift tickets or rental, rider must purchase tickets/rental at Hyland, coaches can assist)

Other Important Information

Camp is limited to ensure the highest level of safety and best training possible. Registration must be received by February 13, no refund. After registration has been received, campers will be sent a confirmation, followed by a lunch options and camp itinerary.

-----G Team Hyland Holiday Camp Registration-----

Rider Name _____ Phone _____ Age ____ Birthdate _____
 Referred by (for non-members) _____ GT Coach (for GT members) _____
 Address _____
 City _____ State _____ Zip _____
 Sex (M) (F) Own Equipment (Yes)(No) Riding Experience (First-time)(Beginner)(Intermediate)(Advanced)

Contact Information

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) _____

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 with asthma or other major health condition(s) must attach a doctor's release.

Payment Option:

GT Members \$60 Non-Members \$75 Fee \$ _____
 Payment, circle one: Check (strongly preferred) Visa Mastercard
 Card Holder Name _____ Card Number _____ Exp. _____
 Authorized Signature _____ Sec Code _____

No refunds or credits will be given for G Team registration after Dec 15. Add 3% credit card fee for fee payments paid by credit card. 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 G Team President's Day Camp ~ Feb 13-14

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, Hyland Ski Area, 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

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 paramedic.

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: _____

Registration Instructions: Space is limited and is on a first come, first serve basis! Complete IN FULL BOTH the registration and waiver forms. Mail the forms no later than December 15 and make the check payable to "The G Team:" 4201 Miller View Road, Elko MN 55020

Questions: Contact G Team Ph: (952) 846-4317 or email coach@thegteam.net