



Snow Sports Learning Center

EXPLORER PROGRAM

(10 WEEKS)

2020-2021

ENROLLMENT PACKET



The Burke Mountain Snow Sports Learning Center welcomes you to the 2020-2021 Explorer Season Long Program.

Our mission is to create an environment where children can learn proper ski and snowboard techniques in a safe, fun environment which ensures a lifetime of winter sport enjoyment.

In this Enrollment Package you will find the required forms which need to be completed and returned to the Snow Sports Learning Center (see address below). The deadline date is December 18, 2020. All registrations will be processed on a first-come-first-serve basis and the number of participants will be limited.

We currently have Martin Luther King weekend, 1/16-1/17/21 and Presidents weekend, 2/13-2/14/21 as holiday blackout dates, in the schedule.

Please use the information checklist provided below to assist you in making sure your forms are completed. If you have any questions, please contact the Learning Center at (802) 626-7348 or snowsportsdesk@skiburke.com through the end of 2019-20 winter season and from late fall 2020 into winter. Snow Sports is closed during the off-season months. Please call 802-626-7300 or e-mail: info@skiburke.com during the spring, summer, and early fall months.

Please submit completed forms to:

Burke Mountain
223 Sherburne Lodge Rd.
East Burke, VT 05832
Attn: Snow Sports Learning Center

Payment must be made to the Guest Relations office 802-626-7300 or check sent to Burke Mountain Operating Co., 223 Sherburne Lodge Road, East Burke, VT 05832 by the tier end date to receive the price break.

Thank you!

INFORMATION CHECKLIST

- Completed Application (page 3, 4)
- Medical Authorization form completed (page 5)
- Express Assumption of Risk Agreement (page 6)
(This is not the season pass Assumption of Risk)



Explorer Season Long Program Application 2020-2021

Participant's Name _____ Age _____ (Ages 3+ only)

Participants Date of Birth _____ Male / Female (circle one)

Allergies _____

Parents Contact Information

***Important Note: E-mail is our main line of communicating with parents- Please Print**

Parents' Names _____

Primary E-Mail Address _____

2nd E-Mail Address _____

Winter Physical Address

Summer Mailing Address

Home Phone Number () _____

Cell Phone Number () _____

2nd Cell () _____

Condo Phone Number () _____

___ My Child is new to the Explorer Program

___ My Child needs assistance getting ON & OFF the chair lift.

___ My Child has been Skiing/Riding for _____ years

My Child has participated in group programs/sports. YES NO

If yes, please list: _____



Please Circle Discipline

Ski or Snowboard

 Full Season (10-weeks) **Half Season (1st 5 weeks)** **Half Season (2nd 5 weeks)**

2020-2021 *Price for Explorer Program full season
\$799 **Pre-season sale through May 10, 2020**
\$899 May 11, 2020-October 12, 2020
\$999 October 13, 2020-December 18, 2020

2020-2021 *Price for Half Season Program - (Must be the first 5 weeks or the second 5 weeks)
\$599 **Pre-season sale through-December 18, 2020
****3&4-year-old Red Skiers 1st 5-weeks OR full season only*****

***LAST DAY TO REGISTER DECEMBER 18, 2020**
***PAYMENT MUST BE RECEIVED PRIOR TO THE END OF THE TIER DATE TO RECEIVE TIER PRICING.**
***Program price does not include lift access.**
****FIRST TIER and FULL SEASON ONLY—5% SIBLING DISCOUNT** (Offer ends May 10, 2020)**

Full Season dates: January 2, 2021 - March 21, 2021
Half season dates: January 2, 2021-February 7, 2021 or February 20, 2021-March 21, 2021
(Blackout dates: MLK 1/16-1/17/21 & President's weekend 2/13-2/14/21)
Time:(Saturday 1:00p-3:30p & Sunday 9:30a-12:00p)

(If participated last season) My Child's Instructor during the 2019-20 Explorer Season Long Program was _____.

I would like to register my child (Ages 3-12) in (please check one):

 Red—First timers learn about equipment, balance, moving and stopping.

 J-Bar Green—Skiers and riders have equipment knowledge, are able to stop and have started making turns outside of the beginner area.

 Sherburne Green—Skiers and riders are successfully linking turns. They will improve on posture, be introduced to steep terrain, pole plants(skiers), and switch(riders).

 Blue—Skiers and riders are successfully linking parallel turns and pole planting (skiers). They will improve on edging with more carved turns, will explore all blue terrain, and be introduced to bumps.

 Black—Must have full knowledge of the mountain and be capable of skiing and riding bumps and in the trees and are entering the dynamic turn world.

 Freestyle Development—(ages 6-12) **Requirements: Proficient on Blue Terrain, *Helmet**
This group will work on developing core skills and introduction to freestyle terrain with focus on fun and safety. Athletes will start small and work their way up to larger features.

 Teen All Mountain Skiers---(ages 13-17)—Burke Mountain has great terrain, fabulous racing pedigree, challenging woods, and natural features. Your child will have the benefit of experiencing this in a group focused on safety, fun, and social interaction.



2020-2021 Explorer Season Long Program

MEDICAL AUTHORIZATION

CHILD'S NAME: _____
(Last Name) (First Name) (MI)

PHONE #: _____ EMERGENCY #: _____

MEDICAL INSURANCE COMPANY: _____

POLICY #: _____

PARENT OR GUARDIAN NAME: _____

I, the undersigned, authorize anyone working for Burke Mountain Resort to call for such medical care for the above named child and/or to transport the child to the appropriate clinic or hospital; and if in the opinion of anyone working for Burke Mountain Resort medical attention is required for the child, this authorizes a licensed physician or other recognized first aid staff member to carry out emergency medical care deemed necessary for my child/ward in an emergency where normal permission is unavailable.

I, the undersigned, agree that upon transporting the child to any medical facility, clinic, or hospital that the responsibility of Burke Mountain Resort shall be totally fulfilled, and Burke Mountain Resort shall not have any further responsibility for the child.

I, the undersigned, agree to pay all costs associated with such medical care and related transportation for the child, and indemnify and hold Burke Mountain Resort, its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively, the "Released Parties") harmless for any costs incurred therein.

I have carefully read this release and understand its content and language.

For himself or herself as individuals, and as parent or guardian of the child, does the child have the following:

1.) ANY MEDICAL ALERTS? _____

2.) ANY ALLERGIES? _____

3.) ANY MEDICATIONS? _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Name (PRINT) _____



2020-2021 EXPLORER SEASON LONG PROGRAM

EXPRESS ASSUMPTION OF RISK AGREEMENT

Explorer Participant Name: _____ (DOB) _____

Parent or Guardian Name (Print): _____

Every participant in the Burke Mountain Resort 2020-2021 Winter Season Explorer Programs must have a signed Express Assumption of Risk Agreement on file for the 2020-2021 season. It is understood by the parent/guardian and child that this Agreement will be used for the entire season of winter sports at Burke Mountain.

- 1) We understand as the above named child and the parent or legal guardian of the above named child, that our child will be participating in the Winter Season Explorer Programs at Burke Mountain Resort a multiple number of times during the 2020-2021 winter season, and that this Agreement will be valid for each of trip to Burke Mountain Resort as a participant in the Winter Season Explorer Program. I also understand that my child may participate in the program within terrain parks and glades located on the mountain and identified as such on the 2020/21 trail map.
- 2) Furthermore, in consideration of me (student) and my child (or legal ward) being allowed to participate in this program at Burke Mountain Resort and further in consideration of all of the above *we freely and willingly accept and voluntarily assume all risk of property damage, personal injury, or death which may occur to me (student) and my child, or legal ward, which occurs at Burke Mountain Resort and which results from participation in winter sports activities and the inherent risks of such activities as they are defined herein.*
- 3) We further agree that the phrase *“inherent risks”* means those risks, which are listed in this agreement, or those that can reasonably be inferred there from. We also agree and understand that these risks are both obvious and necessary to these winter sports activities. We acknowledge and assume the risk of injury to children while loading, riding, and unloading lifts. Children age 8 and under may be riding a lift with adults other than the instructor. Children age 8 or older may be riding a lift without an adult. We agree that these inherent risks include but are not limited to changing weather conditions; surface and/or subsurface snow conditions as they may from time to time exist and may change or be affected by weather, skier, or other participant usage, and whether such conditions are surface or subsurface or consist of ice, hard pack, powder, packed powder, wind pack, corn, crust, slush, cut up snow, and/or machine made or machine enhanced snow; other conditions including bare spots, forest growth and debris, stumps and trees, streambeds and other natural objects and/or collisions with such objects; collisions with lift towers, signs, posts, fences, or other enclosures, water and/or air pipes or other manmade structures, and/or their components such as hydrants used in snowmaking or for other necessary purposes; whether any of these obstacles are padded or unpadded; collisions with well marked or plainly visible snow mobiles, snow grooming, and/or other over snow vehicles or equipment; variations in steepness of terrain including but not limited to roads and/or other terrain modifications or features or variations in terrain that occur naturally or as the result of slope design, weather changes, snow making and/or snow grooming operations, or participant usage.
- 4) Therefore, in consideration of all of the above I agree that I will not make any claim nor bring any suit for any damages, injury, or death to myself which results from any such inherent risks, as I have agreed that are defined herein. I also agree, that in the event that anyone makes any claim against Burke Mountain Resort and its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively, the “Released Parties”), as a result of any of my activity on their premises or the use of their facilities, that I will indemnify and hold harmless Burke Mountain Resort from such claims.
- 5) I further agree that any dispute arising out of this contract and/or from any use by me of any of the premises or facilities at Burke Mountain shall be litigated exclusively in the Superior Court of Caledonia County, Vermont or the U.S. District Court for the District of Vermont. I also agree to abide by the terms of any rules of conduct for sports participants posted at Burke Mountain Resort or contained on its seasonal trail maps or brochures.
- 6) By my signature below, I acknowledge that I have carefully read this Express Assumption of Risk Agreement and I fully understand its contents. I fully agree that this contract is binding upon myself, my heirs and assigns, and to the extent that I am signing this document on behalf of a minor, I represent and guarantee that I have full authority to do so realizing the full binding effect of this Agreement on the minor as well as myself.

Parent or Guardian Signature _____

Date _____

Child Signature _____



Explorer/Freestyle Payment Form 2020-2021

Which program will your child be participating in? (please circle)

EXPLORERS

(age 3-17)

Ski or Snowboard

$\frac{1}{2}$ SEASON (*1st - 5 weeks*) or (*2nd - 5 weeks*) or FULL SEASON (10 weeks)
(Jan 2 - Feb 7) or (Feb 20-Mar 21) (Jan 2 - Mar 21)

FREESTYLE DEVELOPMENT TEAM (age 6-12)

Ski or Snowboard

Parent /Guardian Name: _____

Cell phone: _____

Home Phone: _____

Email: _____

Address: _____

Child's Name: _____

Child's Age: _____

Did they participate in Explorers/Freestyle Program 2019-2020 season? Yes No

Payment: \$ _____ Type of Payment _____

Date: _____ Processed by: _____

(Please attached copy of receipt)