

GIRLS MOVE MOUNTAINS
INTRO TO BACKCOUNTRY SKIING FOR WOMEN
REGISTRATION FORM

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DATES: February 6 & 7, 2010

TIME: Saturday: 8:00 a.m. - 4:00 p.m. (followed by Après Ski wine & cheese) / Sunday 9:00 a.m. - 3:00 p.m.

LOCATION: Bolton Valley Resort

Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Email: _____

In order to provide you with an exceptional experience, we need to know a little about you!

Please describe your ski experience:

What are you hoping to get out of this clinic?

CLINIC FEE

The fee is \$195, which includes alpine and nordic tickets for both days, two days of instruction, coffee/tea/light breakfast in the mornings, and après ski wine/cheese on Saturday. All proceeds from this clinic go directly to support our empowerment programs for girls.

Please make checks for clinic fees payable to *Girls Move Mountains*. Payment is due with registration.

Please return these completed forms, with payment, to:
Girls Move Mountains
27 E. State Street
Montpelier, VT 05602

Women's Backcountry Ski Clinic Equipment Requirements/Recommendations

Inappropriate equipment, or equipment that is significantly different from what other participants are using, can really dampen one's experience. We want to do our best to be sure you all have relatively similar, working equipment so you will have a fantastic time! Below are some general guidelines for equipment for this clinic:

Boots

Ideal: Plastic or leather 3-pin boot (Garmont, Scarpa, Crispi, Black Diamond, Rossignol, Alico, etc.)

Workable: Backcountry NNN (BC-NNN)

Bindings

Ideal: Cable telemark binding (G3, Black Diamond, Voile, Hammerhead, Tele Bulldog) or basic 3-pin binding (Voile, Rottefella)

Workable: Backcountry NNN (BC-NNN)

Skis

Metal-edged skis. These may be sold as "telemark skis" or "backcountry skis." They may be waxable or waxless. The more shape the ski has, the easier it will be to turn. The shorter the ski, the easier to maneuver, so short and curvy are good!

Climbing Skins

If you have climbing skins, you should bring them. Full-length skins are ideal, and kicker skins should also be sufficient. If you don't have skins, please let us know so we can have some available for you.

Poles

Ideal: Adjustable/telescoping poles that can be longer for climbing and shorter for descending, but we can work with just about anything.

Backpack

Large enough to carry an extra layer, water bottle, snacks, and anything else you might want to carry with you (camera, thermos, etc.). A standard daypack should be sufficient.

Please complete the section below. If you do not have your own equipment, or any individual piece of equipment, we will arrange equipment rentals for you (pricing TBD). If you have questions, give us a call at 802-229-2976!

Do you have your own backcountry skis? YES _____ NO _____

If you answered yes, please specify the brand/model: _____

If you answered no, what is your: Height _____ Weight _____

Do you have climbing skins that fit your skis? YES _____ NO _____

Do you have your own boots? YES _____ NO _____

If you answered yes, please specify the brand/model: _____

If you answered no, what is your shoe size (in women's): _____

Do you have your own poles? YES _____ NO _____

If you answered yes, please specify the brand/model: _____

Do you have your own ski helmet (required during the clinic)? YES _____ NO _____

If you answered no, what size helmet do you think you will need (Small, Medium, or Large in Unisex sizes): _____

Girls Move Mountains Medical Information Form

We ask for this information so that we can be well-informed about your health and aware of any issues or conditions that might affect your participation in our clinic. Please complete this form thoroughly.

I, _____ have registered for a 2010 Women's Clinic.

Please check all that apply:

I am in good physical and mental health and am able to participate fully in the backcountry ski clinic. I have **NO** medical conditions or allergies.

I have the following medical condition(s), injuries, and/or allergies, including to specific foods. (Please provide more information on the back of this sheet if necessary).

I have asthma and/or am allergic to bee stings and will have an inhaler and/or Epi Pen with me at the clinic. Please indicate which condition(s) you have, its severity, and how it is aggravated:

Please complete the following emergency contact information:

Emergency Contact #1: _____ Tel No. _____

Emergency Contact #2: _____ Tel No. _____

I have provided comprehensive and accurate medical information to Girls Move Mountains. I give Girls Move Mountains' staff and instructors consent to provide me with medical treatment (within the scope of their training), make decisions about my immediate medical care in the event I am not able to do so and, if necessary, take me or arrange for me to be taken (by Emergency Medical Services) to the nearest emergency room to receive emergency medical treatment.

Sign here

Print name

Date

Girls Move Mountains Media Release

Please check the appropriate line below.

_____ **YES**, I give my permission for Girls Move Mountains and outside media agents (newspapers, television, radio stations, etc.) to take photographs, video, and otherwise document my involvement in the activities of this program. I give permission for any photographs or video/audio material of myself to be used in publicity about the program and organization (website, promotional materials, newspaper/magazine articles, Facebook, etc.).

_____ **NO**, I do not give my permission for Girls Move Mountains and outside media agents (newspapers, television, radio stations, etc.) to take photographs, video, and otherwise document my involvement in the activities of this program. I do not give permission for photographs or video/audio material of myself to be used in publicity about the program and organization (website, promotional materials, newspaper/magazine articles, Facebook, etc.).

Sign here

Print name

Date

*You will also be asked to read and sign a liability release prior to the clinic.