



Registration date : _____

POSTAL ADDRESS : 671, CHEMIN MAPLE, SUTTON (Qc) JOE 2K0
 PHONE : 450-538-2545 OPTION 2, TÉLÉCOPIEUR : 450-538-9902
 EMAIL : SCHOOL@MONTSUTTON.COM

REGISTRATION Season 2019-2020

Taxes extra.

Renewal New student

Season pass holder: Yes No

Language of correspondence: French English

REGISTRATION		DATE OF BIRTH (D/M/Y)	DESIRED PROGRAM			WITH LIFT TICKETS	WITH SEASONAL RENTAL
FIRST NAME	LAST NAME		NAME OF THE PROGRAM	9 WEEKS SATURDAY	9 WEEKS SUNDAY		
			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ALL DAY	<input type="checkbox"/> AM <input type="checkbox"/> ALL DAY	Starting: <input type="checkbox"/> Jan 4th <input type="checkbox"/> Jan 11th		
			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ALL DAY	<input type="checkbox"/> AM <input type="checkbox"/> ALL DAY	Starting: <input type="checkbox"/> Jan 4th <input type="checkbox"/> Jan 11th		
			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ALL DAY	<input type="checkbox"/> AM <input type="checkbox"/> ALL DAY	Starting: <input type="checkbox"/> Jan 4th <input type="checkbox"/> Jan 11th		

WE WILL CONTACT YOU TO CONFIRM THE AVAILABILITY OF CHOSEN OPTIONS AND TOTAL AMOUNT OF REGISTRATION

Parent or Tutor: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home phone: _____ Cell. phone: _____

E-mail address: _____

Allergies: no yes, specify : _____ Special request : _____

Payment Type - Complete payment is requested upon registration

Check (to the order of Ski Sutton Inc.) Master Card Visa

Credit card number: _____ Expiry date: _____

IMPORTANT :
 Read document, sign and join the Risk Awareness and Acceptance form when you send in your registration form.

Name in capital letters: _____ Signature: _____ Date: _____

Within 48 hours of receiving your registration form, we will confirm the availability of your selected program.



WEEKEND PROGRAMS, SKI WEEKS AND CHRISTMAS CAMPS 2019-2020 SEASON

Name of participant(s): _____

SKI AREA ACCESS: Ski area access is not included in the lesson registration fee. The student is responsible for purchasing a season pass or daily ski tickets. If part of the weekend program, Saturday's "school card" tickets are valid from January 4 and Sunday's tickets from January 12, 2020. The card is non-transferable; one ticket per day, issued exclusively to the card's holder. Present your card at the ticket booth to receive a ticket.

GROUP LESSON INFO: _____initial

- ✓ For all programs, including spring break ski week, the age of reference will be the age of the child on January 1st, 2020.
- ✓ Students must arrive at the meeting point 5 to 10 minutes before the lesson begins. Lessons will begin on time and latecomers are required to present themselves at The Bell where a supervisor will assist them. If a latecomer arrives more than 15 minutes late, it will be the responsibility of the parent to find the class of the child.
- ✓ The "permission to leave alone" form is available at the Snow School desk for children 13 years or younger.

PICTURE POLICY: The Mont SUTTON team regularly takes photos or videos for promotional, advertising or any other type of publication purposes. I hereby acknowledge that the participant mentioned above can appear in these photos or images and I allow Mont SUTTON to use them without any remuneration. _____initial

CANCELLATION POLICY FOR GROUP LESSONS: _____initial

- ✓ Snow School may reschedule a group lesson due to unforeseen events. The retake will occur at the end of the program.
- ✓ Parents are required to check if a lesson has been rescheduled by consulting snow conditions at montsutton.com/snowreport or by calling at 450-538-2545 (option 1) at 6:30am on the morning of the lesson.
- ✓ Any program may be cancelled due to insufficient enrollment.
- ✓ No lesson retake or lesson transfer is available for students who miss a lesson.
- ✓ No refund will be issued once the program has begun.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS:

In connection with the lessons given by the Snow School, I _____, acting as legal guardian or as person responsible of the participant, acknowledge and accept the following:

1. **RESPONSIBILITY OF THE STUDENT:** The student has the responsibility to follow instructions, apply the teaching of the instructors and act in a safe manner. The student agrees to respect the Mountain Code of Conduct. _____initial
2. **RESPONSIBILITY OF THE PARENT/GUARDIAN/PERSON RESPONSIBLE OR PARTICIPANT:** _____initial
 - ✓ The parent/guardian/person responsible or participant has the responsibility to ensure that the ski or snowboard equipment of the student is appropriate, safe, in good working condition and verified regularly.
 - ✓ The parent/guardian/person responsible or participant has the responsibility to disclose to the Snow School and Instructor any pre-existing medical condition that may have an impact on the snow sport practice and on the inherent risks.
 - ✓ The Snow School recommends that the student wear a protective helmet.
3. **GROUP LESSONS:** During a group lesson, the instructor's attention is divided among his or her students and he or she cannot supervise a particular student at all times. During a group lesson, the student may have to use chairlifts without the presence of his or her instructor on the same chair (coordination when loading). _____initial
4. **ACCEPTANCE:** I acknowledge there are inherent risks and dangers associated with snow sports and the use of chairlifts, notwithstanding the level of supervision of the instructor and the skill level of the student. I accept to bear the entire responsibility for any bodily injury, moral damage or property damage resulting from the inherent risks or dangers and accept to exonerate the Snow School from any liability for any bodily injury, moral damage or property damage resulting therefrom. _____initial
5. The contract giving rise to this course offered by the "The SUTTON Snow School" is subject (1) to elect judicial domicile in Quebec, in the judicial district of the ski resort, which will be the forum for any claims and (2) That the Quebec laws will apply. _____initial

SIGNED IN, SUTTON on _____ **d/m/y** **Signature** _____



Permission to leave alone
2019-2020 Season

Parent's name in capital letters

I authorize my child, _____, to leave alone at the end of his/her class for season 2019-2020*.

Name of the instructor in charge : _____

Student's level : _____

<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY
Lesson Time : _____	

We recommend that you communicate frequently with your child's instructor in order to stay informed of your child's progression

Parent's signature

Date

** For all changes regarding this authorization during the 2019-2020 season, please refer to the Snow School Desk. Thank you.*