



**BMA December Development Camp
Application 2016**

Please fill out this application and include payment. Note that it is an application process and not all candidates will be selected. We have limited space and want to ensure the highest quality camp possible.

Camp Dates are December 16-19th – Registration will be held in the afternoon on the 16th, and departure following conclusion of the race on the 19st. Estimated time of departure is 2PM.

Mail, fax, or scan & e-mail this form to BMA: Attention Tory Amorello by **October 15th**.
You will be notified via e-mail of acceptance by October 20th.

Athlete's Name:.....

Year of Birth:..... Birth Date:..... Circle: Male Female

USSA #..... Grade in School:..... Circle: U16 U14 U12 U10

Address:.....

City:..... State:..... Zip:.....

Parent's/Guardian's Names:.....

Home/Primary cell phone(s):.....

Parents' Email Addresses **(this is how all camp information will be distributed. Please make sure these are legible)**: 1.

2.

Home Ski Program:.....

Your Coach's Name:.....

Division/Region in which you race (i.e., Northern VT, Tri-State, etc) :

Best Results in your region during the 2015/16 ski season:

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Best Results out of region during the 2015/16 ski season (i.e., Piche, Eastern Championships, Can-Am, etc.....

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Skiing Career Highlights.....

Applicant's Name: _____
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Camp Cost: Please circle whichever applies:

\$650 – On Campus

\$570 – On Campus & have Burke Season Pass

\$550 – Off Campus

\$500 – Off Campus & have Burke Season Pass

\$450 – Guest Coach (Must have USSA coaching license)

Method of payment - Circle: Check, Visa, or MasterCard # _____

Cardholder's Name (as it appears on card): _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

Total Amount Enclosed: _____

There are no refunds upon acceptance. Your credit card will not be charged or your check cashed until your child is accepted.

*****Sign on next page*****

Applicant's Name: _____

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THIS FORM MUST BE SIGNED BEFORE APPLICATION IS PROCESSED

IF YOU DO NOT ACCEPT FULLY THE CONDITIONS BELOW, DO NOT PARTICIPATE IN CAMP.

I, undersigned, know that alpine skiing is an action sport carrying a significant risk of personal injury. Racing is even more dangerous. I know that there are natural or man-made obstacles or hazards, surface and environmental conditions and risks that, in combination with my actions, can cause me very severe or occasionally total injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions and hazards. I also agree that I, not Burke Mountain Academy or its staff, am responsible for my safety while participate in this camp. (Parent or guardian must sign). In the event of an emergency requiring medical services, permission is granted to the administration of Burke Mountain Academy to act on his/her behalf.

Camper's Signature: _____

Parent/Guardian's Signature: _____

Date: _____

Return all three pages of this completed application to:

Tory Amorello

BMA December Development Camp

60 Alpine Lane

East Burke, VT 05832

Phone #: 802-427-8013

Fax #: 802-626-3784

Email: tamorello@burkemtnacademy.org