

First name: _____ Family name: _____

Address: _____ City: _____

Postal Code: _____ E-mail*: _____

Telephone - day: _____ Telephone - evening: _____

Date of birth: _____ Age: _____ Sex: M F

Medicare card number: _____ Expiration date: _____

Allergies - to medications: _____

to foods: _____

Contacts in case of an emergency –

Name: _____ Relation: _____ Tel. (cell) : _____

Name: _____ Relation: _____ Tel. (cell) : _____

* Mandatory: further information will be sent to you by e-mail

Program:

Bus stops:

West Island	Montreal	North-end	Wednesday – Ynterlude only
<input type="checkbox"/> Baie d'Urfé Shopping Centre <input type="checkbox"/> Beaconsfield Shopping Centre <input type="checkbox"/> Walmart Shopping Centre <input type="checkbox"/> Galeries des Sources <input type="checkbox"/> Dorval Gardens Shopping Centre <input type="checkbox"/> West Island Y centre <input type="checkbox"/> Plaza Pointe-Claire	<input type="checkbox"/> NDG Y centre <input type="checkbox"/> Westmount Y centre <input type="checkbox"/> Saint-Laurent Y centre <input type="checkbox"/> Du Parc Y centre <input type="checkbox"/> Outremont Métro <input type="checkbox"/> Namur Métro <input type="checkbox"/> Atwater Métro <input type="checkbox"/> TMR Shopping Centre <input type="checkbox"/> Place Vertu	<input type="checkbox"/> Henri-Bourassa Métro	<input type="checkbox"/> Maxi Pointe-Claire (Complexe Pte-Claire) <input type="checkbox"/> Décor Décarie (Décarie/Vézina)

No, I will provide my own transportation

I give authorization to the YMCA to use pictures taken during ski/snowboard school activities for promotion purposes: Yes No

YAHOO (only) – TO RECEIVE A TAX RECEIPT

Name: _____ Social Insurance Number: _____

How did you hear about the YMCA Ski and Snowboard School?

Participants with lessons, select **only one option**:

Ski

Snowboard

Option:

- Lessons
- Full supervision (Yogi and Yahoo)
- Guide (Yeti 12-13 years only)
- Without lessons

Level:

- Never skied/snowboarded

Can descend the following slopes in control and easily:

- Easy (green)
- Intermediate (blue)
- Expert (black)
- Advanced

DISCOUNTS: Cannot be combined

- YMCA Family membership discount (-15%)
- Registration before November 13, 2009 (-\$35)
- Discount for 2nd & 3rd child (-\$15)

CALCULATION:

Price: _____

Discounts: _____

Price before taxes: _____

GST (5% - x 1.05): _____

PST (7.5% - x 1.075): _____

TOTAL: _____

PAYMENT:

- Full payment upon registration
- 2 installments (50% upon registration & 50% on January 15)
- 3 installments (50% upon registration, 25% January 1st, 25% February 1st)

Credit card type: VISA
 MASTERCARD
 AMEX (full payment only)

Name of on credit card: _____

Credit card number: _____

Expiration date: _____

- Payment by cheque

SUBSTITUTION POLICY

If a member is unable to attend a ski or snowboard program on a particular day, that member may designate a substitute. The substitute may only attend on the day that the member is absent and must go with the member's division. The YMCA Ski and Snowboard School will require in advance the name, phone number and medicare card number of the substitute.

REFUND POLICY

Refunds will only be issued upon receipt of a written request. No reimbursement will be issued for days missed by participants. A \$50 administrative fee will apply upon all refund issued. Reimbursements will be made on a prorated basis based on the number of weeks completed from the time the request is received plus the \$50 administrative fee, with the exception of medical reimbursements which necessarily must be accompanied by a doctor's note indicating that the participant is unable to ski or snowboard for the duration of the season, in medical cases the administrative fee will be waived. A \$15 fee will apply for all refused payments (cheque or credit card).

I hereby attest that all the above information is true and I authorize payment as stated in the payment and calculation boxes. I have read, understood and agree with the substitution and refund policies of The YMCA Ski and Snowboarding school.

Signature: _____

Date: _____

Please **save a copy** of this document and **e-mail or fax** it to us at: ski@ymcaquebec.org or (fax) 514-849-5863 (Attn: Ski School).