

Please send Check or Money Order. There will be a 3% fee for using Credit Cards.

OFFICE USE ONLY  
 Date Received: \_\_\_\_\_  
 Amt. Paid: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Confirmed Date: \_\_\_\_\_

## Coble Ski School Application

**Complete and return with deposit to: Coble Ski School, PO Box 2228, Lillington NC 27546**

Phone 910-893-6494 / [waterski@cobleskischool.com](mailto:waterski@cobleskischool.com) / [www.cobleskischool.com](http://www.cobleskischool.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthday: m\_\_\_\_/d\_\_\_\_/y\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Have you attended before? \_\_\_\_\_ When? \_\_\_\_\_

Cabin (roommate) Requests? \_\_\_\_\_

Allergies: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Need airport pick-up? \_\_\_\_\_ When? \_\_\_\_\_ Airline: \_\_\_\_\_

Please place a check next to the date for the camp(s) or day(s) you would like to attend:

<b>2012 WATER SKI AND WAKEBOARD CAMP SESSIONS OFFERED (\$200pp deposit per week)</b>						
April 13-15 Weekend Package!	\$595	June 24-28 Peak Summer Camp	\$760	Sept 2-6 Family Camp!	\$695	<b>SATURDAYS OFFERED (\$200pp)</b>
April 20-22 Weekend Package!	\$595	* July 1-5 Peak Summer Camp	\$760	Sept 9-13 WOMEN'S WEEK!	\$875	
April 26-28 Weekend Package!	\$595	*July 8-12 Peak Summer Camp	\$760	Sept 16-20 Spa Week. Adults Only!	\$875	Arrive at 7:30am for Saturday registration!
May 4-6 Weekend Package!	\$595	July 15-19 Peak Summer Camp	\$760	Sept 23-27 Spa Week. Adults Only!	\$875	June 2nd
May 13-17 Spa Week. Adults Only!	\$875	July 22-26 Peak Summer Camp	\$760			July 7th
May 20-24 Spa Week. Adults Only!	\$875	*July 29-Aug 2 Peak Summer Camp	\$760	Our last day of business for the 2012 season is Thursday		August 4th
*May 27-31 Family Week! Any age!	\$695	*Aug 5-9 Peak Summer Camp	\$760	September 27. See you next year!		September 8th
*June 3-7 Regular Camp	\$695	Aug 12-16 Peak Summer Camp	\$760			
June 10-14 Peak Summer Camp	\$760	Aug 19-23 ---CLOSED---		*Two week sessions including weekend stay. \$100 fee for		
June 17-21 Peak Summer Camp	\$760	Aug 26-30 Regular Camp	\$695	Friday and Sunday for supervision and food.		

## Coble Ski School Health and Medical Release Form

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy # \_\_\_\_\_

### **Health History:**

Are there any medical problems or medications of which the camp should be aware (name, dosage, frequency)?

\_\_\_\_\_

Do you or your child have any known allergies?

\_\_\_\_\_

### **Permission to Provide Necessary Treatment or Emergency Care:**

I hereby give consent for me or my son/daughter to receive medical treatment in the event of injury, accident, and/or illness during my stay at the Coble Ski School.

Signature of student or parent (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Special Information:

- A **non-refundable** security deposit of \$200 per person is required to hold a spot. If you cancel earlier than two weeks from the confirmed day of arrival, we hold your deposit for up to one year. ***Cancellations made within two weeks of confirmed arrival date (or no shows) will result in total loss of deposit.***
- Airport pickup is \$60 round-trip. Please fly into RDU International airport (Raleigh, NC).
- The main gate will open at 5pm on Sundays for check-in. Please eat dinner before arrival.
- For a list of things to bring and directions, please visit our website at [www.cobleskiskool.com](http://www.cobleskiskool.com)

## Skier Waiver

I, \_\_\_\_\_ (student or parent if under 18), release the Coble Water Ski Training Center (also referred to as "Coble Ski School") of all liability having to do with acts using my own initiative, risk, and responsibility, and am aware of the risks and hazards inherent upon use of Coble Ski School.

I release the Coble Ski School and/or its employees of and from any liability, claims, demands, actions, and causes of action whatsoever, arising out of or relating to any loss, damage, or injury sustained while on the Coble Ski School property, whether or not caused by failure of the equipment.

In signing the foregoing release, the undersigned acknowledges that he/she is at least 18 years of age; that he/she is in good health, suffering from no physical disability that might impair his/her normal on water and/or swimming capabilities.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WATER SKI / WAKE BOARD  
LIABILITY WAIVER**

**Please read and be certain you understand the implications of signing.  
Express Assumption of Risk Associated with use of Water Skiing/Wake Boarding and Related Activities**

I, \_\_\_\_\_ *Please Print First Name, Middle Name & Last Name* \_\_\_\_\_ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Water Ski / Wake Board activities, water transportation to and from the Water Ski / Wake Board vessel and related water sport activities to which I am about to engage, including but not limited to:

- 1) changing water flow, tides, currents, wave action, and ship's wakes;
- 2) collision with any of the following;
  - a) other participants, b) the watercraft, c) other watercraft, d) man made or natural objects, e) shuttle boat:
- 3) wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperature;
- 4) my sense of balance, physical condition, ability to operate equipment, swim and / or follow directions;
- 5) collision, capsizing, sinking, or other hazard that may result in wetness, injury, exposure to the elements, hypothermia, impact of the body upon the water, injection of water into my body orifices, and / or drowning;
- 6) the presence of insects and marine life forms;
- 7) equipment failure or operator error;
- 8) heat or sun related injuries or illnesses, including sunburn, sun stroke or dehydration;
- 9) fatigue, chill and / or reaction time and increased risk of an accident

**I specifically waive any defense insofar as this contract is concerned that may arise as a result of any state or local law and / or regulation or policy that may impact its enforceability.**

**Release of Liability, Waiver of Claims and Indemnity Agreement**

In consideration of being allowed to participate in the above-described watersports, transportation, and Water Ski / Wake Board activities, as well as the use of any of the facilities, specifically, including water transportation and the use of the equipment of the below listed releasees, I hereby agree as follows:

- 1) To waive and release any and all claims based upon negligence, active or passive, with the exception of intentional, wanton, or willful misconduct that I may have in the future against all of the following named persons or entities herein referred to as releasees.

- |    | <b>Owner (Company and / or Individual)</b>  | <b>Scheduled Boat Identification Number</b> |
|----|---|---|
| 2) | To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise, with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury or loss of life that may occur as a result of engaging in the above activities |   |
| 3) | By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.  |   |

**I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.  
I have read this Agreement, understand it, and I agree to be bound by it.**

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Name of Adult Participant (Please Print)

\_\_\_\_\_  
Date

***If Participant is a Minor, and by their signature, they on my behalf  
Release all claims that both they & I have.***

\_\_\_\_\_  
Name of Minor Child (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

\_\_\_\_\_  
Date

## DECLARATION OF FITNESS TO WATER SKI / WAKE BOARD

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Water Skiing / Wake Board activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor as having a terminal illness.

Even if I have a health condition as stated above of which I am unaware, by signing this form I still choose to participate in the activity of Water Ski / Wake Board and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Water Ski / Wake Board activities, I will notify the Water Ski / Wake Board instructor immediately and before leaving the premises.

I have read the above Declarations, understand them, and I agree to be bound by them.

S/ _____ Signature of Adult Participant	_____ Name of Adult Participant (Please Print)	_____ Date
_____ Address of Adult Participant		_____ Phone #
S/ _____ Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	_____ Name of Parent or Guardian (Please Print)	_____ Date
_____ Address of Parent or Guardian		_____ Phone #
_____ Name of Minor (Please Print)		_____ Date

If you cannot sign the above declaration because of any of the above conditions, you must notify the instructor immediately before you leave shore or board any Water Ski / Wake Board vessel.

Attention of the Instructor / Authorized Insured Only (Counter-sign upon full and correct completion)		
S/ _____ Counter-Signature of Authorized Insured	_____ Name of Authorized Insured (PLEASE PRINT)	_____ Date

FORM 353 (0604)