

New York Ski Educational Foundation

www.nysef.org



NYSEF at Whiteface Mountain
PO Box 300
Wilmington, NY 12997
518.946.7001

NYSEF at Gore Mountain
PO Box 200
North Creek, NY 12853
518.251.2825

Hello athletes and parents! This summer, we are once again offering great training opportunities for your athlete. Below you will find details for the **2018 Freeride summer program**. Since 1980, NYSEF has offered annual training opportunities at various locations – we are thrilled to offer this experience at an affordable rate.

Overnight Camps:

- **June Camp: June 24 – June 27**
- **July Camp: July 29 – August 1**
- **August Camp: August 15 – 18**

Day Sessions:

- **Offered 7 days a week between June 15 and October 15**

- **Philosophy:** Gain mileage and experience through trampoline and water ramp training, develop technical skills through directed skiing and bouncing sessions, and introduce tactical skills needed in Slopestyle, Big Air, Moguls, and Duel Moguls in age-appropriate environments.
- **Location:**
 - Overnight Camps – Lake Placid Training Center: *196 Old Military Rd, Lake Placid, NY 12946*
 - Day Sessions - Lake Placid Olympic Jumping Complex: *5486 Cascade Rd, Lake Placid, NY 12946*
- **Cost:**
- **Overnight Camps:** Cost includes coaching, facility fees, lodging, all meals, transportation, and activities.
 - \$675 – The cost of each overnight camp per athlete
- **Day Sessions:** Cost includes coaching and facility fees. **Multiple purchased days can, but do not need to be scheduled consecutively. **Current NYSEF athletes please inquire about special pricing by emailing: freeridecamps@nysef.org*
Day Session rates are as follows:
 - \$75 – Individual day of training per athlete
 - \$700 – Ten day package of day sessions
 - \$1,300 – Twenty day package of day sessions
- **Day Session Cost Does NOT include:** Cost of lunch or souvenirs.
- **Staff:** Some of your favorite NYSEF and Northwood School coaches including Justin Perry, Andris Blumbergs and Richie Morgan. Additional coaches will be named based on the number of athletes attending, and may include K.C. Brousseau, Hannah Doan, Nick Arnold, Mike Lynn and Bob Witt.



Camper, Tucker Wells – Front Flip



Camper turned coach, K.C. Brousseau – Cork 900 w/ a critical grab

What to Bring?

- Twin tips, mogul skis, and/or snowboard
- Helmet
- Life jacket
- Ski or snowboard boots
- Bathing suit
- Towel
- Sunglasses and sunscreen
- Water bottle and backpack
- Summer workout clothing
- Running shoes/sneakers
- Change of dry clothes
- Watch (or some way to tell time)
- Positive attitude!

Typical Daily Schedule

- 8:00 Athlete drop off
- 8:10 Warm up and stretching
- 8:30 Trampoline session
- 10:00 Water ramp session
- 11:30 Lunch
- 12:15 Warm up / short game
- 12:30 Trampoline session
- 2:00 Water ramp session
- 3:30 Cool down / training feedback
- 4:00 Athlete pick up

The scheduling and payment deadline is as follows:

- Please email freeridecamps@nysef.org to make your reservation request.
- **Upon requesting your camps/dates:** NYSEF will require a minimum, 50%, deposit to place your reservation. (overnight camp deposits are non-refundable within 30 days of the camp)
- **1 week prior to first scheduled day:** Full payment for your reserved camps, and/or day sessions will be due.
- Additional Forms (found below) are also required with Final Payment
 - Completed “NYSEF Camp Liability Release” (attached)
 - Completed “ORDA Responsibilities of User and Waiver” (attached)
 - A photo copy of the athlete’s health insurance card
 - ****For overnight campers**, you will also be required to fill out Lake Placid Training Center forms which will be emailed to you 1 week before the check-in date for the camp.

Please send documents and payment to NYSEF office at Whiteface:

- Mail: NYSEF (attn “Freeride Summer Program”), PO Box 300, Wilmington, NY 12997
- Scan and email to: freeridecamps@nysef.org Call with questions (518-946-7001).
- Call Lynn (x24) to pay by phone.

Cancellation Policy

- Day Sessions require 48 hours advanced notice for refund or reschedule.
- Overnight Camps require a 30 day notice.
- Leftover training days can be used as a credit towards other 2018 summer program camps/day session, or towards an ‘18-‘19 winter training program with NYSEF.

Information is subject to change – please visit www.nysef.org for updates. Thank you for choosing NYSEF!



NEW YORK SKI EDUCATIONAL FOUNDATION CAMP LIABILITY RELEASE



OVERNIGHT CAMPS (circle all that apply): June Camp July Camp August Camp

DAY SESSION DATES: _____

PARTICIPANT NAME: _____ USSA or USASA#: _____

HOME ADDRESS: _____

PARTICIPANT E-MAIL: _____ MOBILE PHONE # _____

MOTHER: _____ E-MAIL: _____ PHONE#: _____

FATHER: _____ E-MAIL: _____ PHONE#: _____

EMERGENCY CONTACT (if parents cannot be reached): _____ # _____

PARTICIPANT INFORMATION

DOB: _____ AGE at camp: _____ Weight: _____ Height: _____

Insurance Carrier: _____ Policy/Group # _____

List any allergies the participant has:

List any medications the participant is currently taking:

Does the participant have any medical history that would affect his/her participation in this camp? _____

If so, please describe (also list anything that would be important to know while caring for the participant):

Date of Last Tetanus Shot: _____

I verify that the participant has had a physical exam in the last year (please initial): _____

Participants MUST provide a copy of insurance card in case of emergency!!!

LIABILITY RELEASE:

In consideration for the services provided by the New York Ski Educational Foundation (NYSEF), I hereby wave, release and hold harmless NYSEF, it's members, employees, coaches, trainers, organizers and agents and any other persons connected with the Camp, from any and all claim for liability, injury, loss or damage arising from my son's/daughter's participation in or presence at the Camp.

In addition, I the parent/guardian, give the Camp personnel permission and authority to obtain medical aid, cure and treatment or anesthetic for my son/daughter in case of injury including but not limited to performing any diagnostic procedure, operation, or curative remedial procedure they deem necessary or advisable. It is understood and agreed that every effort will be made to contact me in case of injury and medical attention becomes necessary. I give my permission for my child to travel with NYSEF personnel inside of and outside of the United States.

I am fully aware of and accept the risks and dangers inherent in snowsports and agree that I am responsible for my safety and that of my children. I assume all risks connected with participation in the Camp.

Participant's Signature

Parent/Guardian's Signature***

Date

Date

*** This is to certify that as the parent/guardian of the above named participant, all the information above is correct and I do consent to his/her agreement to be bound to the terms and conditions set forth in this waiver (including the NYSEF Code of Conduct).

NEW YORK SKI EDUCATIONAL FOUNDATION

ATHLETE CODE OF CONDUCT



As a participant in a NYSEF program or camp, the athlete must realize that they are a visible representative of NYSEF, the school they attend and their family. All athletes participating in a NYSEF program or camp will be required to follow this established Code of Conduct.

1. All participants are expected to abide by the Rules and Regulations at their particular venue. Remember you are a guest at that facility and should treat all venue employees and public skiers with courtesy and respect.
2. Participants are expected to act under all applicable laws, rules and regulations
3. Participants are required to wear helmets while skiing or training.
4. Participants are required to conduct themselves in a sportsmanlike manner at all times and to treat their team mates with sportsmanship and respect.
5. Participants must be neatly and properly dressed.
6. Participants must listen to and be courteous to coaches.
7. Participants must be on time for all activities.
8. Participants must maintain their athletic eligibility by meeting academic standards.
9. Participants must be under the supervision of NYSEF staff while training or competing.
10. Participants must abide by the NYSEF Bullying Prevention Policy Guidelines
11. Participants in NYSEF programs or camps will be disciplined for the following infractions:
 - a. Use of tobacco and chewing tobacco
 - b. Use and/or possession of alcohol
 - c. Use and/or possession of narcotics, non-prescription drugs or any other illegal substance
 - d. Behavior that is detrimental to the program and/or other athletes
 - e. Theft of property
12. Recommended disciplinary actions can include:
 - a. Dismissal from camp/event at cost of athlete/parent
 - b. Suspension of training privilege for specific time period
 - c. Loss of racing privilege for specific events (if applicable)
 - d. Police involvement
13. Athletes who are dismissed from a school or team because of any of the above infractions will have training privileges suspended. Participants at a camp and/or race will be sent home immediately. Program privileges will be suspended until the situation is resolved. The Program Director reserves the right to remove the training pass from a participant if the situation warrants it.
14. Other disciplinary measures can be taken by the Program Director based on the severity of the situation.



RESPONSIBILITIES OF USER AND WAIVER

IN CONSIDERATION of permission granted to me by the NYS Olympic Regional Development Authority ("ORDA") to use the following facilities; **Whiteface Mountain and facilities, Olympic Sports Complex and facilities, MacKenzie-Intervale Ski Jumping Complex and facilities, Olympic Center, Sheffield Speed Skating Oval, Lake Placid Conference Center and facilities, Gore Mountain and facilities, Belleayre Mountain and facilities, and U.S. Olympic Training Center and facilities** and equipment and other locations on which ORDA may maintain and manage operations including but not limited to: bobsleds, luge sleds, skeleton sleds, trampolines, euro bungee, climbing wall, skis and snowboards (with appropriate boots) and ski poles, rental equipment (including but not limited to; skis, boots, poles, snowboards, and helmets), children's sleds, tubes for sliding, ice skates, hockey sticks, helmets, rifles, curling stones, mountain bikes, disc golf equipment, all beach related activities and rental equipment, horses and horseback riding equipment, rides in or on ORDA vehicles and or equipment, and all inflatable equipment (collectively referred to as the "Sport Facilities and Equipment") in Lake Placid, Town of North Elba, Wilmington, North Creek, Town of Johnsburg, Highmount, Town of Shandaken and Village of Pine Hill all in New York State or any other location where such equipment may be utilized.

I expressly acknowledge:

1. USE OF THE SPORTS FACILITIES AND EQUIPMENT IS A HAZARDOUS ACTIVITY WHICH COULD RESULT IN PERSONAL INJURY OR DAMAGE. I acknowledge that use of the Sports Facilities and Equipment is dangerous and I knowingly assume all risks of personal injury or damage I may suffer by using the Sports Facilities and equipment. I further acknowledge that since I am using the Sports Facilities at my own risk, the ORDA bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the Sports Facilities and Equipment use.
2. I am physically fit and possess the physical strength to meet my responsibilities as a user of the Sports Facilities and Equipment. I do not suffer from any medical condition that will be affected by my use of the Sports Facilities and Equipment. Further, I will not use the Sports Facilities and Equipment while under the influence of alcohol and/or drugs.
3. I agree to observe, read and abide by any and all notices as may be posted by the NYS Olympic Regional Development Authority which may pertain to my responsibilities as a user of the Sports Facilities and Equipment.
4. I grant permission to the ORDA to utilize any photograph, videotape, motion picture, recording or other record of my use of the Sports Facilities for any business purpose.
5. I acknowledge that the use of the Sports Facilities and Equipment is a hazardous activity and that I could suffer personal injury, which may be serious, as a user.
6. I hereby expressly acknowledge my understanding and acceptance of the foregoing, and agree to assume all the risks of any personal injuries whatsoever which I may incur during my use of the Sports Facilities and Equipment on the following date (or dates):
7. This agreement is governed by the applicable laws of New York State. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. I agree and understand that any claim or lawsuit against the RELEASEES may be brought in the federal or state courts of New York in the county where the activity(s) takes place.

I DO FURTHER WAIVE any claim for damages which I may or might have by reason of injuries sustained by me in such use of the Sports Facilities, and do hereby release and forever discharge the ORDA, the Towns of North Elba, Wilmington, North Creek, Johnsburg, Shandaken and Highmount, the Villages of Lake Placid and Pine Hill, the State of New York, any sponsors and the officers and employees thereof, from any claim for damages against them or any of them which I may or might have by reason of injuries sustained in the use of the Sports Facilities and Equipment, or for any other damages sustained in the use thereof.

	Printed Name: First	Printed Name: Last	D.O.B	ATHLETE/PARTICIPANT SIGNATURE	Date(s) of use
#	Printed Name: First	Printed Name: Last	D.O.B	FAMILY MEMBER UNDER 18 YEARS OF AGE ATHLETE/PARTICIPANT SIGNATURE (Parent or Legal Guardian must sign at the bottom of this page)	Date(s) of use
1					
2					
3					
4					

STREET ADDRESS or PO BOX: _____ **CITY:** _____

STATE/PROVINCE: _____ **COUNTRY:** _____ **ZIP/POSTAL CODE:** _____

EMAIL ADDRESS: _____ **DATE OF BIRTH:** _____ mm/dd/yy

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ **DATE:** _____ mm/dd/yy
 (If athlete(s)/participant(s) is/are under 18 years of age)

PRINTED NAME OF PARENT OR GUARDIAN: _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE NUMBER: () -** _____

The NYS Olympic Regional Development Authority may occasionally send you information and/or offers from our Olympic Venues and associated sponsors via email. At no time will your information be shared with others. Please check here if you do not wish to be added to our list: _____