



BLIZZARD

2020 – 2021

Instructor Application



Name : _____ Birth Date : _____

Address : _____

City : _____ , MI. 48_____

Cell # : _____ E-mail : _____

Emergency # : _____ Contact name : _____

Cerification # : _____

Cert. Level(s) Alpine:_____/ Snowboard:_____/ Nordic:_____/ Children's:_____/ Other:_____

Any Medical Condition(s): _____

List Qualified Children to be enrolled in program: (must be 2nd year or certified, staff member to qualify)

Name:_____ DOB:_____ Program:_____ Level:_____

Name:_____ DOB:_____ Program:_____ Level:_____

Name:_____ DOB:_____ Program:_____ Level:_____

Dates Available: 1st Date line for **Saturday's**, 2nd Date line for Sunday's

12/19 12/26 1/2 1/9 1/16 1/23 1/30 2/6 2/13 2/20 2/27 2/29 3/7
 1/3 1/10 1/17 1/24 1/31 2/7 2/14 2/21

CONTRACT

Because of the nature of skiing, I understand that Blizzard Ski & Snowboard School, its Owners, Clinicians, Directors, Instructors and Patrollers cannot be held liable for injuries I may sustain. Blizzard is not responsible for any lost, stolen or damaged equipment.

I am aware that in contracting with Blizzard, I am required to have liability insurance. Blizzard will sell me group insurance for \$80.00 (**Payment must be made by 11/15/2020 to Blizzard for consideration as an instructor with Blizzard Ski and Snowboard School; a copy of this insurance policy is available for review on request.**)

I accept coverage & fee _____ (otherwise I will provide proof of Insurance.)

In contracting to teach with Ski Kids, Inc., a Michigan Corporation d/b/a Blizzard Ski & Snowboard School, I consider myself an independent contractor. As such, I assume full responsibility of reporting my own earnings for tax purposes. I also realize that workman's compensation is not in force under this contract.

Signature : _____ Date: _____

SSN: _____ **(Required)**