



**COSLEY & HOUSTON ALPINE GUIDES**  
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## 2018 Chamonix Off-Piste Private Program Registration

To reserve your space on our calendar complete both sides of this form and return it to us with your deposit. We recommend that you register early in order to guarantee availability on the dates you want. Qualified applicants are registered on a first come, first served basis. Once your application is accepted we will contact you with additional trip information.

name: _____	address: _____		
city: _____	state: _____	postal code: _____	country: _____
contact phone: _____	email: _____		
program name: _____	program dates: _____		
total trip fees: _____	deposit amount (25%): _____	balance due (75%): _____	balance due date: _____
emergency contact: _____	contact phone: _____	relation: _____	

### Deposit & Payment Schedule

In order to secure your place in a program a deposit of 25% of the trip fees is due at the time of registration. We cannot hold your place without this deposit. The balance of the trip fees is due 60 days prior to the starting day of the trip for programs. This is the balance due date. For registration after the balance due date, full payment is due at the time of registration. If full payment is not received by the balance due date and other arrangements are not made with us, we reserve the right to consider your registration canceled.

### Cancellation & Refund Policy

If you cancel your enrollment for any reason the following policy applies:

- Cancellation occurring after the balance due date will result in a complete forfeiture of all payments and deposit. The only exception to this occurs when we have somebody waiting to take your place, in which case we will refund all payments and deposit.
- If you cancel your enrollment before the balance due date you will receive a refund of all payments and deposit.

### Trip cancellation, Interruption & Emergency Evacuation Insurance

In order to protect yourself from the loss of nonrefundable fees we strongly recommend you purchase trip cancellation insurance. This type of insurance will allow you to recover fees resulting from cancellation due to personal or family illness occurring before or during your program. Most types also allow you to recover nonrefundable travel expenses in the event that we are forced to cancel due to inadequate registration. Emergency evacuation insurance, often included with trip cancellation, covers the normally very high cost of evacuation from remote mountainous areas. We strongly recommend that participants on trips to South America and Asia purchase emergency evacuation insurance. Policies are available through your insurance or travel agents.

### Conditions of Participation

There are a number of conditions required for participation in our programs. These include agreement with and understanding of the cancellation and refund policy outlined above.

I have read and agree to the conditions of the Cancellation and Refund Policy set forth in this registration form.

Signature of Participant : \_\_\_\_\_ date: \_\_\_\_\_

## Previous Experience & Medical Information

The completion of this portion of your application form helps us and you in a number of ways. It assists us in achieving the best match between your general skiing goals and the programs we offer. It aids us in helping you to maintain good health during your trip by alerting us to special medical requirements and concerns you may have, and it helps us in our general goal of reducing risk while maximizing and realizing your personal potential.

Please answer all questions. Attach a separate sheet if you need more room.

1. Do you have any allergies? Describe. If you have a known allergic reaction, such as to insect bites or specific foods, we strongly recommend you carry an anaphylaxis kit.
2. Are you allergic to any medications? Describe. If yes, please describe the nature and severity of your allergic reaction.
3. Do you have a history of asthma?
4. Have you ever had any joint injuries? Describe. Specifically, have you had injuries to knees, ankles or shoulders?
5. Are you currently taking any medication? Describe. Will you be taking any medication during this program?
6. Has altitude illness ever caused you significant discomfort, or prevented you from achieving your skiing goals? Describe the circumstances.
7. Are there any medical or physical conditions which might limit or affect your participation in this program? Describe.
8. Do you have any special dietary requirements?

Date of Birth: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_

Height:

Weight:

## Outdoor Activity - Skiing Experience

Please use a separate sheet of paper to answer the following questions.

1. Please give us a brief description of your current physical condition.
2. Describe your current level of regular exercise. We would like to know what activities you engage in, your history of involvement in those activities, how frequently you practice them, and for how long.
3. Skiing history. If it is extensive, highlights showing length of involvement and diversity will do.
4. If you have been climbing with us before, please remind us of how the trip went for you, and the degree of success in achieving your objectives.

Please send your completed registration and deposit to:

Kathy Cosley & Mark Houston  
151 Route de Lausenaz  
74310 Les Houches, France

Questions?

phone in France +33 450 21 24 47  
email [kathyandmark@cosleyhouston.com](mailto:kathyandmark@cosleyhouston.com)



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