



# COSLEY & HOUSTON ALPINE GUIDES

151 Route de Lausenaz • 74310 Les Houches, France • phone +33 450 21 24 47  
www.cosleyhouston.com • kathyandmark@cosleyhouston.com

## 2021 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/prov:	_____	postal code:	_____	country:	_____
contact phone:	_____	email:	_____				
program name:	_____	program dates:	_____				
total trip fees:	_____	deposit amount (25%):	_____	balance due (75%):	_____	due date:	_____
emergency contact:	_____	contact phone:	_____	relation:	_____		

### Deposit & Payment Schedule for Private Ski Programs

In order to secure your place in a program a deposit of 25% 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. 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 enrollment canceled.

### Cancellation & Refund Policy

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

- If you cancel 60 days or more before the balance due date, you will receive a refund of all payments and deposit.
- Cancellation occurring after the 60 day balance due date will result in a complete forfeiture of all fees.

### 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.

### Conditions of Participation

There are a number of conditions required for participation in our programs. These include, but are not limited to 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 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. Will you be taking any medication during this program that we should know about? If so, please describe.
6. Has altitude illness ever caused you significant discomfort, or prevented you from achieving climbing or 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 and Climbing 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 or climbing history. If it is extensive, highlights showing length of involvement and diversity will do.
4. If you have been skiing or 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



IFMGA Mountain Guides  
AMGA Certified Guides



Questions?

phone in France +33 450 21 2447

email [kathyandmark@cosleyhouston.com](mailto:kathyandmark@cosleyhouston.com)