



C COMMUNITY
R REHABILITATION
C CENTER

WKNY/C.R.C. CHALLENGE RACE

Radio Station WKNY (1490 AM) of Kingston, NY, Belleayre Mt. Ski Center, and the Boston Culinary Group are proud to sponsor the Annual Challenge Race for the benefit of the Community Rehabilitation Center of Kingston. Medals will be awarded to top finishers in all categories. Read on for all the details - and help us support this worthy cause!

The Community Rehabilitation Center, an affiliate of Cerebral Palsy Associations of New York State, has been serving the needs of physically disabled and developmentally delayed individuals from throughout the area for over 50 years. C.R.C.'s mission has been to enable people with disabilities to reach their potential in all aspects of life. The diagnostic and therapeutic programs and services provided at the Community Rehabilitation Center reach hundreds of children and adults each year. Services include diagnostic and therapeutic services, special educational programs, and residential programs for children and adults with a wide variety of disabilities from Ulster, Greene and Northern Dutchess Counties.

RACE DATE & TIME: Saturday, February 27, 2010 11:00am. Race check-in is from 8:30 - 10:30am on race day at the Upper Lodge at Belleayre Mt. The race is a giant slalom, best time of two runs.

SKIERS

SNOW BOARDERS

Medals will be awarded to the 1st, 2nd, and 3rd place finishers

Medals will be awarded to 1st place finishers only

9 and under - Boys and Girls	9 and under
10-12 Boys and Girls	10-12
13-18 Boys and Girls	13-18
19-34 Men and Women	19-34
35-49 Men and Women	35 +
50-64 Men and Women	
65 + Men and Women	

HOW TO REGISTER: Applications are available from WKNY, 718 Broadway, Kingston, NY 12401, (845) 331-1490, or Belleayre Mt. Ski Center, P.O. Box 313, Highmount, NY (845) 254-5600. Mail your application with your pre-registration of \$14.90 to WKNY. *All pre-registrations must be received no later than 5:00 p.m. Friday, February 26th.* Please make your tax deductible contribution check or money order payable to the Community Rehabilitation Center.

Pre-registered racers do not need to buy a lift ticket. Belleayre Mt. will provide lift tickets at check-in on race day.

BELLEAYRE REQUIRES THAT ALL RACERS MUST WEAR HELMETS DURING THE RACE. (BELLEAYRE HAS HELMETS AVAILABLE TO RENT FOR A \$13 DAILY FEE).

Medals and other promotional considerations are provided by the Boston Culinary Group of Cambridge, MA, managers of food and beverage services at numerous ski centers and other parks and recreation facilities.

APPLICATION/REGISTRATION - WKNY/C.R.C. CHALLENGE RACE



C COMMUNITY
R REHABILITATION
C CENTER

(Please Print)

***IMPORTANT:** Please "Indicate Category"*

NAME: _____ *Skier* _____ or *Snowboarder* _____

ADDRESS: _____

Age

Category: _____

CITY, STATE, ZIP: _____

Age: _____

TELEPHONE: _____

D.O.B.: _____

E-MAIL ADDRESS: _____

Sex: _____

RELEASE: I understand that skiing is an inherent risk sport and that by racing, I am increasing my (my child's) risk. I do hereby release and discharge the New York State Department of Environmental Conservation, Belleayre Mt. Ski Center, its Ski School, WKNY, Boston Culinary Group, CRC and all other sponsors and their representatives and successors, from all claims of damages, actions and causes of action arising out of my (my child's) participation in this race. I certify that I (my child is) am physically fit and qualified to participate in this race.

I further understand that I (my child) might be photographed while participating in this event. I hereby authorize the reproduction of any pictures that might be taken of me (my child), whether they are still or video. I hereby waive all rights to compensation for the use of any picture taken, regardless of type of use or exposure chosen. I place no restrictions of the use of any photographic likeness and agree to hold harmless all individual photographers assigned as well as the State of New York, the Department of Environmental Conservation, the Department of Economic Development and Belleayre Mt. Ski Center, as well as all race sponsors.

Applicant Signature: _____ DATE _____

Parent/Guardian Signature: _____ DATE _____