



Ski Club 2020

Grades: 5-12

Join the fun as we travel this year to Mohawk Mountain! Anyone in Grades 5-12 is eligible to attend the Redding Ski Club events. A parent must sign a Ski Club Agreement and Emergency Medical Form in order to be completely registered. We NEED your completed Agreement on file by the Monday before your first trip. These agreements are available at the Park and Recreation office or online at www.townofreddingct.org. Without a signed agreement, no child will be permitted on the bus.

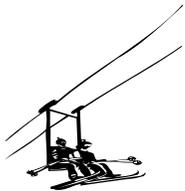
Space is limited so don't wait. Get this form in with your payment!

No registrations are ever accepted after Wednesday of the trip week, for Friday trips.



Friday trips

Depart: JRMS 3:45 p.m. **Return:** JRMS 10:45 p.m.



CANCELLATIONS (Abbreviated version - Please read the full ski club rules):

If school is dismissed early for the day because of snow, the trip is automatically canceled. Please be aware that school closing in the morning due to snow does not necessarily cancel our ski trips. A message will be on our voicemail by 1:00 p.m. if we decide to cancel the trip.

Any cancellations after Wednesday, you will be credited minus a \$25.00 charge to your household account.

Return to: Redding Park and Recreation PO Box 1071, Redding, CT 06875 Phone 938-2551 fax 938-1071

Name: _____ Date of Birth: _____ Grade: _____

Address : _____ Home Phone: _____ Age: _____

Please complete: Shoe Size: _____ Height: _____ Weight: _____ Skier Type _____
THIS MUST BE COMPLETED IF YOU ARE RENTING!!!!

Please circle all that apply:

	Mohawk Jan. 17	Mohawk Feb 7	Mohawk Feb. 21
Basic Fee	\$65	\$65	\$65
Rental Ski	\$30	\$30	\$30
Rental Board	\$30	\$30	\$30
Lesson	\$25	\$25	\$25
Helmet	\$15	\$15	\$15

Rentals only: Binding settings
Type 1= Easy release for most beginners
Type 2= Moderate release for most intermediate skiers

I understand and agree to these initial sign up rules. I will read the full rules and my child and I will fill out and sign the complete permission slip/medical forms and submit it to Park and Recreation by the Monday before the first trip.

Total Enclosed: \$ _____ Parent's Signature: _____ DATE: _____

I authorized the use of this credit card for the above payments. (Circle one) Mastercard Visa Discover American Express
Credit Card Number _____ Expiration Date _____ CVV _____

See Other Side

Redding Park and Recreation

Youth Ski Club Agreement

I am in receipt of the General Rules (“rules”) for the ski trips. The rules are at the Park and Recreation office or are available for downloading at www.townofreddingct.org -go to virtual town hall (VTH) then to Park and Recreation then to “program forms” then to “ski rules.” By signing below I acknowledge that I will comply with all of the rules listed in the Redding Park and Recreation Ski Club Rules and accept any consequences that I might face due to any failure to follow the rules as stated. (Parents and participants must *both* sign below):

I understand that the Town of Redding has no accident insurance and that costs incurred due to injury to myself or the student's name listed above while participating in the activities listed on this form are my responsibility. I understand photos may be used by the department for promotional materials or advertising unless I notify the department in writing declining such usage.

Parent’s Signature: _____ Date: _____

Participant’s Signature: _____ Date: _____

Name: _____ Grade: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Names:

Mother: _____ Home Phone: _____ Work Phone: _____

Father: _____ Home Phone: _____ Work Phone: _____

In case of emergency on FRIDAY NIGHT call first: _____ Phone: _____

If the above cannot be reached on FRIDAY NIGHT call:

(relative or neighbor) 1. _____ Phone: _____

2. _____ Phone: _____

Family Physician: _____ Phone: _____

Please list any allergies and/or additional comments: _____

EMERGENCY MEDICAL AUTHORIZATION FORM

In the event that reasonable attempts have been made to contact me (parent/guardian) or attempted contact of the other names listed have been unsuccessful, I hereby give my consent for the administration of any emergency medical treatment necessary by an available licensed EMT, physician or dentist.

This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

SEE OTHER SIDE