



Brigade Ski Club 2017-18 Registration Form

Name _____ Date _____

Group _____ Grade _____ Age _____

Address _____ City _____ Phone _____

Parent Name _____ Email _____

Emergency contact _____ Relationship _____ Phone _____

4 PACK NORDIC PACKAGE DEAL: DEADLINE IS December 21, 2017@ NOON

Dates: Fridays @ 4:45 - Dec 29, Jan 12, Feb 2 & Feb 16

Options:	Price:
<input type="checkbox"/> 4 Bus fares (must have Nordic season pass)	\$40
<input type="checkbox"/> 4 lift tickets & bus fare	\$80
<input type="checkbox"/> 4 lift tickets, 4 ski rentals* & bus fare	\$130
<input type="checkbox"/> 4 lift tickets, 4 board rentals* & bus fare	\$150

- Add-on Lessons:**
- \$24 Ski** (4 lessons - First hour of each trip)
 - \$40 Board ** (4 lessons - First hour of each trip)

NO REFUNDS

**rental form also needed- available in Brigade office - all rentals include a helmet*

***group lessons are still available after 1st trip at full price.*

LIMITED TO 60 PARTICIPANTS - MUST BE A CURRENT BRIGADE MEMBER

Chaperones - must be ages 18+

\$5 per trip for lift ticket, \$20 for all 4 trips.

I can help chaperone the following dates:

- December 29, 2017
- January 12, 2018
- February 2, 2018
- February 16, 2018

A background check form must be completed and returned to Brigade 3 days before trip leaves.

LIMITED TO 5 PER TRIP

*******Alternate Nordic Trip Fri, Feb 23 @ 4:45-11 pm This date will only be used if Brigade or Nordic cancels one of the above listed trips*******

OFFICE USE ONLY:		<i>Cash Register Key = "SKI CLUB"</i>		
Date:	Amount Paid:	Total Paid:	Ck/CC/Cash:	Rec'd by:
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Med Card Compete	<input type="checkbox"/> Release Form Signed	<input type="checkbox"/> Rental Form		

NAME (Last, First) _____

Over

PARTICIPANT INFORMATION & PARENTAL PERMISSION STATEMENT

Name _____

The person named above has my permission to participate in the Brigade Ski Club for the 2017-18 season.

~TRIP PARTICIPANT STATEMENT~

Anyone participating in any Brigade activity is expected to be on their best behavior at all times and is expected to respect others and their property. I understand that by not abiding by all rules and expectations, my participation may be cancelled and all payment(s) may be forfeited.

~RELEASE~

In consideration of the Brigade arranging for the Ski Club trips during the 2017-18 season, the undersigned parent or guardian of the above named child, a minor, hereby releases and agrees to hold harmless, the above group or any of its advisors, chaperones, or persons connected with the trip from any liability claims, damages for personal injury, property loss or other damage which may result during the above events.

The undersigned parent, guardian, and/or participant hereby agree to abide by the rules established for the above events.

Parent/Guardian Name _____

Signature _____ Date _____

Participant Signature _____

****THINK SNOW****

MEDICAL CONSENT/TREATMENT CARD FOR MINORS

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Parent/Guardian 1 Name: _____

Home Phone: _____ Cell/Work Phone: _____

Parent/Guardian 2 Name: _____

Home Phone: _____ Cell/Work Phone: _____

If parents are not available in emergency, contact:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Child's Allergies: _____

Immunizations (Tetanus) date: _____

Special Needs (ADHD, impairment, seizures, diabetic, asthma, sports injury, other): _____

Child's Doctor: _____ Phone: _____

Insurance Company & Policy Numbers: _____

Responsible Party: _____

I hereby authorize the Boys' & Girls' Brigade Association Inc. to use any and all medical information I have provided regarding my child. This information may be used for the purpose of monitoring my child or providing medical treatment for my child in my absence. It is the responsibility of the parent/guardian to notify the Brigade of any changes to this information.

I hereby authorize the treatment, including administration of medication, anesthesia, and surgical treatment(s) necessary for my minor child _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician or medical personnel.

Signature of Parent or Legal Guardian: _____

Date: _____