

Ski Club Only: Final approval _____ SKIER/BOARDER _____

INSURANCE _____ grades? _____ Renter _____

WASHINGTON SKI CLUB MEMBERSHIP AND CONTRACT FOR

Member's Name _____ Grade Level _____ HR /TEACHER _____

Address: Num./ St. _____ HR Teacher's Name _____

City WASH. State PA zip 15301 Ability. (CIRCLE) Intermediate Beginner First Timer _____

Phone No. _____ Do you need rental equip. YES NO

Height _____ weight _____

SKIER'S & PARENTS CONTRACT: Both the skier and the parent or guardian must sign and agree to all parts of this contract or else the skier Will not be permitted to join the Ski Club.

I. The skier shall understand that 1 1/2 hour lessons are provided each time we take a group rate package to the Ski/board area at a reduced rate for the purpose of making the skier a safer skier, both for his own benefit and the benefit of other skiers. Another purpose of the lessons is to improve the skier's ability so the skier will enjoy himself/herself more. The skier shall understand that failure to take a lesson every trip is a violation of the contract.

II. The skier shall be aware that skiing is a dangerous sport and one of the factors that make it dangerous is other skiers. Therefore, the skier shall attempt to ski under control at all times, and shall not ski on trails or slopes beyond the skier's ability level. (THIS ABILITY LEVEL IS DETERMINED BY THE SKI PATROL AND THEIR WORD IS THE LAW.)

III. The skier shall remember at all times, including on the buses and at the ski areas, that he/she is a guest representing the Washington School District and therefore shall not engage in any behavior which is embarrassing either to the skier, the chaperones, or the Washington School District. Therefore, he/she may not smoke or possess tobacco products, use or possess alcoholic beverages, use or possess drugs or narcotics, or use vulgar or obscene language at any time while traveling or representing the Ski Club. Also, each member needs to remember to clean up after him or herself in the dining area.

IV. The skier shall not be absent or tardy on the school day following a ski trip, except under unusual circumstances as determined by the Ski Club advisors.

V. The skier shall understand and accept all responsibility for any injury incurred and cover the expenses of any injury/injuries on his/her own financial backing.

VI. The skier shall assume full responsibility for being on time for departure to and from all ski trips.

I understand the terms of the above contract and agree to abide by them with the understanding that violation of any of the terms may, at the discretion of the Ski Club advisors, result in immediate expulsion from the Ski Club, including withdrawal of skiing privileges, WITHOUT REFUND OF MONEY. Any violation may at the discretion of the Ski Club advisors result in a refusal to permit the violator to join the Ski Club in any future years.

Skier/boarder signature: _____ Date _____

Parent/guardian sign: _____ Date _____

Parents & Guardians:

We wish to inform you that the packages put together for your child are at a reduced cost of about 50% from what it would cost them to perform these same activities on an individual basis. We attempt at all times to care properly for your child and provide opportunities for them to learn skiing expertise safely.

Advisor: *Michelle Rodachy*

PARENTAL CONSENT FORM AND RELEASE

We, _____ AND _____
parents and/or guardians of _____ a student enrolled in the Washington
School District, do hereby consent to such child participating in all Ski Club organized trips to ski areas during the 09-10 ski
season. We understand that the G. G. & C. Bus Company will provide the transportation from either
the Washington High School or the Washington Elementary Educational Park and always back to the Washington High School
following each local ski trip, and that we (the parents) shall be responsible to provide our child transportation home from the
Washington High School parking lot at or about 10:15 P.M.

We understand and acknowledge that skiing is a dangerous sport and do hereby remise, release and forever discharge the
said Washington School District and their agents and employees, their heirs, executors and administrators, of and from any and all
claims, demands, rights, and causes of action of whatsoever kind and nature, arising from, and by reason of, any and all bodily or
personal injuries, damage to personal property or the consequences thereof, which may be sustained by said minor student and by us
as a consequence of our child's participation in such activity. We further understand and accept all financial obligations which our
child may incur as a result of any injury or loss of personal property while skiing.

IN WITNESS WHEREOF, intending to be legally bound, we have executed this agreement.

Date: _____ Signed(Father) _____ (SEAL)

Date: _____ Signed(Mother) _____ (SEAL)

MEDICAL AUTHORIZATION FORM

We/I authorize the certified medical staff of your medical institution to take all necessary measures to correct any
impairment sustained to our child as listed below:

Child's Name _____ Parent, _____

Message for ski club families:

The information on the following page includes updated Washington School District
guidelines. The requested information is "required" for participation in the ski
club.

Health care participation is mandatory for all members. If the parent/guardian
does not have the coverage through an employer or personal plan, the family is
obligated to buy C.H.I.P. or similar insurance to cover the participant in the event
of an accident while participating in a school-sponsored event.

Information on C.H.I.P. is available through the offices of W. P. M. S. or by calling
724-223-5000.

Is there any medication your child is allergic to? _____

**WASHINGTON SCHOOL DISTRICT PARENT PERMISSION/WAIVER FORM FOR
PARTICIPATION IN PROGRAM RELATED FIELD TRIP**

Name: _____ Age: _____
(Full Name of Student)

Home Phone: _____

Address: _____
(Street, City, State, Zip)

Cell Phone: _____

Medical Insurance Co:

Policy #/Group # _____ Identification # _____
Family Physician: _____ Phone No: _____

Allergies:

Medications Being Taken or Prescribed/Possible Side Effects:

Other Special Medical Conditions or Allergies to Medications: _____

Other Special Instructions:

Alternative Individuals and Emergency Phone Numbers in the Event You Cannot be Reached:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

I/We, give my/our permission for the above named student to participate in the _____ field trip to _____ . By signing this consent the student also indicates that he/she understands this permission/waiver agreement.

I/We, certify that I/we (have) (do not have) hospital, health or medical insurance as indicated above. In the event I/we have medical insurance I/we further agree to permit said insurance to be used in the case of any injury or illness. I/we acknowledge that in the event we do not have hospital, health or medical insurance that I/we will be responsible for the cost of any medical care provided. Further, I/we and any medical facility acting under this authorization acknowledge that the Washington School District will not be responsible for the payment of the cost of any medical care proved to the student.

I/We, give my/our consent for my/our child to receive medical treatment in the event of injury or illness while participating in the above activity. As indicated above we/I further grant to the alternative individual designated above the same rights, powers and authority to make decisions concerning medical care for the child as I/we would be able to do.

I/We, acknowledge the rules and regulations governing this field trip which includes the right of the sponsoring group to send the student home at the parents/guardians expense and in consideration of participation in this activity do hereby grant to the teachers and chaperones of this activity permission at any time to search the student, and his/her belongings.

I/We, the undersigned, intending to be legally bound, do hereby release, discharge and waive any claim or cause of action we may have against the Washington School District for any liability or any injury to the child named above, resulting from any cause whatsoever in connection with this trip/activity, including transportation to and from the place of said activity.

Student's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Name (please print): _____

Employer: _____ Work Phone No: _____

NOTE: If you are a single parent or for any reason difficult to reach, please include above, in addition to your own home, work, mobile phone or pager number, the number for another person who you would designate as responsible to act on your behalf in the event you cannot be reached.

Please attach photocopy of medical insurance, prescription, dental and vision coverage.