

2016-2017 Ski and Board Registration Form (page 1 of 2)

I. Ski and Board Participant Information

Circle One: SHS Program or Hurley Program

Participant Name: _____ Participant Address: _____

City: _____ State: _____ Zip: _____ Current School: _____ Grade: _____

T-Shirt Size _____

Intended Activity (please circle): Ski Snowboard

Current Skill level (please circle): Never Tried Beginner Intermediate Advanced

Do you intend to take lessons at the mountain (please circle)? Yes No

Do you intend to rent equipment from the mountain (please circle)? Yes No

II. Parent/Guardian Information

(1) Parent/Guardian Name: _____ Phone: _____ email: _____

(2) Parent/Guardian Name: _____ Phone: _____ email: _____

III. Medical/Insurance Information

Name of Insurance Company: _____ Policy # _____

Name of Policy Holder: _____

Emergency Contact (if other than parent/guardian): _____ Phone: _____

Please indicate any relevant health issues for the safety and well-being of participant

History of Seizures? _____ EPI Pen? _____ Inhaler? _____ Allergies (list): _____

Prior Relevant Injuries (list): _____

Other (list): _____

IV. Chaperone Information (CORI Form Required)

Chaperone Name: _____ Trips (please circle): 1/6 1/13 1/20 1/27 2/3 2/10

Phone Number: _____ email address: _____

If you would like to be a chaperone please include an attached CORI form along with application. CORI forms may be found at:

2016-2017 Ski and Board Registration Form (Page 2 of 2)

V. Disclosures/Consent

This certifies that my son/daughter _____ has my permission to participate in an instructional/recreational ski/snowboard program at Wachusett Mountain Ski area starting January 2017. I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations, and accept them as a participant/parent. I also understand that the participants are not under constant supervision while at the Mountain.

Heads-Up Concussion Form

This certifies that both the participant and their guardians have read the Heads Up: Concussion Form, any questions about this form should be directed to the participants primary physician. The program will also be informed if a the participant receives a concussion at any time during the program. Initials: _____

Photo Release

I give my permission for the Seekonk Parks and Recreation to use images of my son or daughter taken on program events for display on Seekonk Parks and Recreation media and promotions. Initials: _____

Permissions under Emergency

I understand that every effort will be made to contact the family in the case of an emergency, but if contact cannot be made I authorize the Ski and Board Program coordinator (or designee) to give consent for emergency medical treatment for my son/daughter. Initials: _____

Rules/Conduct

I have read and understand the Seekonk Parks and Recreation Handbook and agree to follow all policies within. Initials: _____

Waiver

This certifies that both guardian and participant have read the Seekonk Parks and Recreation Waiver that was provided for download. Signing below is the same as signing the form provided. Initials: _____

Your signature below indicates that you have read and understand all contents contained within this handbook.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Signature of Participant: _____

Date: _____