

Chatham Parks & Recreation Ski Club

WACHUSETT TRIP Registration Form

Eligibility: This trip is open to all school age children in grades 5-12 who either reside in Chatham or attend the Monomoy Regional Schools. Participants from other towns are invited also.

What: Day Ski Trip to Wachusett Mt., Massachusetts

When: Saturday, March 10, 2018 5:30 A.M.-8 P.M. SPACE IS LIMITED-42 SEATS

Registration Fee: (please check one) \$50.00 per child/ lift \$75.00 per child/ lift and rental ski \$85 per child/lift, rental and lesson \$6.00 per child/helmet rental

Please make checks payable to the Town of Chatham Parks and Recreation may not accept cash

Registration Deadline WEDNESDAY, MARCH 7TH All registration is on a first come, first served basis

Return Registration Form and Fee by the registration deadline to the Community Center

Clip here and return

Child's Name: Grade:

Name of Emergency Contact: If renting: height weight shoe size

Contact's Home Tel. Number: Ski/SB Level: beginner intermediate expert

Interested in Chaperoning: Email Address:

Are there any allergies, medications or health issues that we should know about? (Use back if necessary) If your child will need to take any medication while on the trip, please fill out the medical release form attached.

By signing this permission form for my child to participate in the Chatham Parks and Recreation day Ski Trip to Wachusett Mt., Ma, I understand this activity involves an element of risk and a danger of accidents, and knowing those risks I hereby assume those risks, and I agree to the following conditions:

- 1. I give permission for my child to receive medical treatment in the event of injury while participating in this ski trip;
2. In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.
3. I agree pictures taken during program hours may be used for future promotional purposes.
4. In the event of an emergency, I, the undersigned parent or legal guardian, of the above named child, a minor, authorize Chatham Parks and Recreation staff and trip leaders to secure from the Wachusett Mt. medical personnel or a local licensed hospital any treatment deemed necessary for my minor child's immediate care, and agree that I will be responsible for payment of any and all medical expenses incurred and medical services rendered.

Parent / Guardian Signature Date

Insurance Group:

Policy Number:

Registration Form & Fee Received By: Date: Paid with: check # in the amount of \$

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