



2018 MADISON AREA YMCA HIGH SCHOOL SKI CLUB

Welcome to the Madison Area YMCA High School Ski Club! This club is designed to promote the great sports of skiing and snowboarding, and to provide a positive on-mountain experience for high school aged students. Each week we'll meet at Madison High School to travel up to Shawnee Mountain, located in the Pocono Mountains of PA. All students participating in the trip must purchase a lift ticket or ski/board package from Shawnee Mountain BEFORE they can attend their first ski trip.

Registration Fee: \$165; **fee will increase to \$175 after November 18**

Registration Dates: October 2 - November 18, 2017

2018 Trip Dates: 1/5, 1/12, 1/19, 1/26, 2/2 & 2/9

BUS LEAVES PROMPTLY FROM MHS AT 4PM

Parents Meeting: Thursday, December 7, 2017 at 6:30PM at the YMCA*

*Mandatory for all first-time Ski Club Parents

REGISTRATION INSTRUCTIONS:

- Fill out registration forms in their entirety. Incomplete forms will not be accepted.
- Please complete one form per child registering.
- All outstanding YMCA membership and childcare fees must be paid in full to register for Ski Club.
- Space for ski club is limited and processed on a first come, first served basis.
- Bring completed forms to the Madison Area YMCA to register in person.
- Upon registration, you will be given a password to register for lift tickets, equipment rentals & lessons through the Shawnee Mountain website.

CONTACT INFORMATION

Kiana Cunningham

Youth and Teen Associate

Madison Area YMCA Family Center

111 Kings Road

Madison, NJ 07940

973-822 YMCA (9622) ext. 2233

kcunningham@madisonymca.org

en Español

Para descripción o información en Español favor de comunicarse con Maggie Claudio al (973) 822-9622, extensión 2311, o a su correo electrónico – mclaudio@madisonymca.org



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1. PARTICIPANT Information

Student's Name	Date of Birth	Grade
Address	City/Town	Zip Code
Male <input type="checkbox"/> Female <input type="checkbox"/>	Returning Club Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	T-Shirt Size (adult sizes):

2. Household Information

Parent/Guardian Name	Home Phone	Cell Phone
Address	City/Town	Zip Code
Email		
Parent/Guardian Name	Home Phone	Cell Phone
Address	City/Town	Zip Code
Are there any court orders relating to the child's custody or release? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the court order		

3. Emergency Contact/Authorized Pick-Up Information (other than listed above)

Name	Relationship	Phone
Name	Relationship	Phone

4. Waiver of Liability

In consideration for being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges that the Madison Area YMCA assumes no responsibilities for injuries, illness or death that may be sustained as a result of my physical condition or resulting from participation in any YMCA program or activity. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees and agents from any claims for injury, illness, death, loss or damage that may suffered as a result of participation in these activities. The undersigned assumes all risk for participation in YMCA activities. The undersigned acknowledges that a physician should be consulted prior to participating in any physical activity or program.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participant's equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration.

The Madison Area YMCA is not responsible for any personal property lost or stolen while using YMCA facilities or during YMCA programs. While participating in YMCA programs the Madison Area YMCA has permission to photograph and video myself and/or my children and family members for publicity purposes.

Program participation does not include all the rights and privileges associated with full membership to the YMCA. This entitles you to participate in the program you are currently registered for. All participants are required to present a valid identification card when using the YMCA facilities and programs. Program participation cards are non-transferable, remain the property of the YMCA and can be revoked upon request. The undersigned agrees to the rules and regulations as stated in the program guide and membership handbook.

MY SIGNATURE SIGNIFIES THAT I HAVE READ, UNDERSTOOD AND ACCEPTED THE PROGRAM PARTICIPANT AGREEMENTS LISTED ABOVE.

X SIGN HERE

Participant or Parent/Guardian Signature (if participant is a minor)	Date
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LAST NAME, FIRST NAME

MADISON AREA YMCA SKI CLUB HEALTH FORM

1. Basic Information

STUDENT'S NAME _____ / / _____ M F

Date of Birth Gender

Parent or Guardian Name _____ Relationship _____ Best Phone Number _____

Parent or Guardian Name _____ Relationship _____ Best Phone Number _____

2. Health Information

Known Allergies: _____

Does your child require an Epi-Pen? Y N

Known Dietary Restrictions: _____

Known Medical Conditions: _____

Daily Medications (Please list all medications that your child is currently prescribed): _____

Major Injuries/Surgeries in the last 24 months? _____

3. Emergency Contact Information

DO NOT LIST PARENTS AGAIN. Parents and Guardians listed above will ALWAYS be notified first

Name _____ Phone Number _____ Relationship to child _____

Name _____ Phone Number _____ Relationship to child _____

4. Medical Release

My child has permission to participate in all activities at the Madison Area YMCA's High School Ski Club. I have reported all known allergies, dietary restrictions, medical conditions, daily medications and major injuries to the Y and, to the best of my knowledge, my child is fit to and may participate in the ski program. I give permission for the Madison Area YMCA and its staff to care for and treat minor injuries, and to secure emergency transportation and treatment for my child at the closest emergency medical facility.

X SIGN HERE

Participant or Parent/Guardian Signature (if participant is a minor) _____ Date _____