

PEEK 'N PEAK SKI TRIP REGISTRATION & EMERGENCY FORM

NAME _____ AGE _____

ADDRESS _____

CITY _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL _____

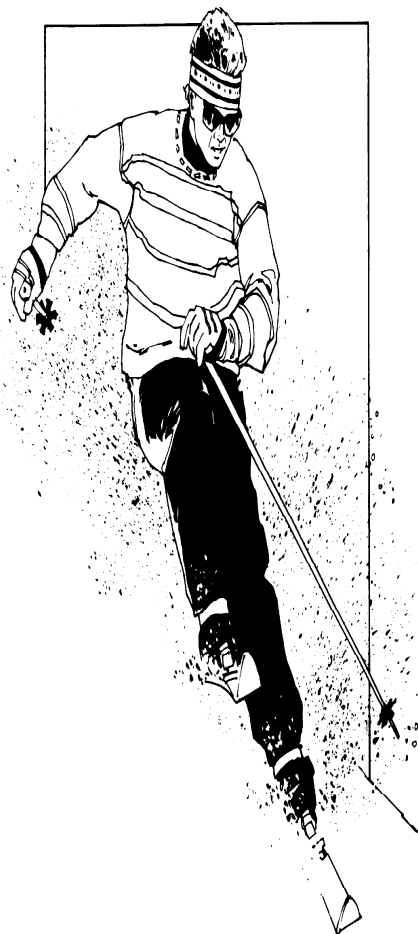
PARENT'S NAME _____

OTHER EMERGENCY NAME _____

OTHER EMERGENCY PHONE _____

WILL YOU RENT EQUIPMENT? For the emergency person named above _____ (Yes or No)

SKI _____ or SNOWBOARD _____ (Check One)



COST INFORMATION

BUS \$35.00

LIFT TICKET FOR SKI OR SNOWBOARD

AGE 12 AND OVER) \$38.00

AGE 11 AND UNDER..... \$32.00

RENTAL EQUIPMENT SKI and SNOWBOARD

AGE 12 AND OVER..... \$26.00

AGE 11 AND UNDER..... \$22.00

Register and pay by credit card on line at FNSkiClub.com

ON -LINE REGISTRATION IS DUE FEB. 11th

There is an added \$25 late fee after February 11th.

For questions phone Mr Frank Humphrey at 440-452-2068.

**Bring this form with you and give it to the
advisor as you board the bus.**

LIABILITY WAIVER

I understand that skiing can be a dangerous sport and that serious accidents can occur. I realize that Mr. Humphrey and the other adult advisors of the Ski Club are acting as volunteers and as such, I will not hold them, the school or school system, a parish or the Diocese of Cleveland responsible in the event of an accident or injury to my child and waive any and all claims against them.

Parent's Signature _____

IN CASE OF AN ACCIDENT

In the event of a serious accident, parents will be contacted at the above phone numbers. Only if for some reason you can't be reached, the form below will be used to secure emergency treatment for your child.

EMERGENCY MEDICAL CONSENT FORM

In the event that I can not be contacted, I here by give my consent for the administration of any treatment deemed necessary by a licensed and practicing Medical Doctor and to share any (H.I.P.P.A.) personal medical information for my child with a club adviser. I also give permission for transportation to a hospital or emergency medical facility by ambulance or helicopter if deemed appropriate by the Ski Patrol, Peek 'N Peak , and/or the ski trip advisor.

Parent's Signature _____