

# Athletic Participation Authorization

## SNOWBOARDING/SKI PROGRAM

Student \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parents \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Contact Information: (If any, please designate preferred means of contact)

Telephone Number(s): Home# ( ) \_\_\_\_\_ Work# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_

\*Email \_\_\_\_\_

*\*Please indicate which program student will participate in and what level they are currently at:*

Skiing \_\_\_\_\_ Snowboarding \_\_\_\_\_

Level: Never Ever \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

<u>Name</u>	<u>Relationship To Student Athlete</u>	<u>Tel. #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician \_\_\_\_\_ Tel. # ( ) \_\_\_\_\_

### HEALTH RELATED ISSUES/ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby authorize my son/daughter, \_\_\_\_\_, to participate in the 2011/12 Snowboarding/Skiing program conducted by Tri-City Christian Academy. If in the course of my child's involvement in the program, (s)he sustains an injury or injuries, I further authorize Tri-City Christian Academy, including all agents acting at its direction, to summon medical services for the treatment of said injury(ies).

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### PROGRAM FEE SCHEDULE FOR STUDENT:

- Lift, Lesson: \$180.00
- Lift, Lesson & Rentals \$290.00
- Helmets Rentals (**Helmets are Required**): \$30.00
- Late fee \$25.00

### PROGRAM INFORMATION AND FEE SCHEDULE FOR CHAPERONE:

Skiing and your level \_\_\_\_\_ Snowboarding and your level \_\_\_\_\_

Please put the dates you plan on attending? \_\_\_\_\_

- Lift: \$25.00 per week
- Lift & Rentals \$43.00 per week

If payment is made by draft, please issue checks payable to "Tri-City Christian Academy" to the attention of Robyn DesRoches. Remittance of program fee is expected at the time of registration unless alternative arrangements are made.

Signature of Parent/Legal Guardian hereby asserts his/her acknowledgment and agreement to the participation of his/her child in the specified athletic program, payment of the pertinent fee, and medical treatment authorization.

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Custodian Signature

Date

Payment Tendered: Cash

Draft (Check #)

Receipt #

## THANK YOU FOR YOUR CONTINUED INVOLVEMENT, INTEREST AND SUPPORT OF OUR ATHLETIC PROGRAMS!