

Woodstock School Snow Club 2023-24

Name _____ Grade _____

Address/City/St/ZIP _____

Parent / Guardian Name(s) _____

Home Phone _____ Cell Phone _____

Emergency Contact *(between 3:00 & 10:00 p.m. on event night)*

Name _____ Phone _____

Name of Insurance Co. _____ Ins. Policy No. _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

My child is allergic to the following medication(s)

Be aware that my child is on the following medication(s)

Please indicate one on each line below

Style: Ski Snowboard

Ability: Beginner Intermediate Advanced

WAIVER OF LIABILITY AND MEDICAL CONSENT

We (I) hereby authorize my child, _____, to participate in the Woodstock School Snow Club and agree, that due to the nature of this sport and inherent risks associated, that we (I) shall not hold the Woodstock School Snow Club Advisors, Co-Advisors, Chaperones, employees, or agents, for any loss, expense, damage, or injury of any kind to the applicants or arising out of any club activity, and that we, the parents/guardians, will indemnify said organizations and persons for any monies that they may spend relative to this agreement. This will include any guest(s) brought to club activities by your child.

We (I) take full responsibility in case of injury or property damage caused by, or to, my child in connection with such participation. We (I) realize that Parents/Guardians can be held liable if anyone is hurt through the negligence of my child during the Club's trips and I will reinforce all the safety rules with my child set forth by Alpine Valley Resort, and/or Woodstock School Snow Club.

It is understood that all members/guests must comply with rules of conduct as outlined by Alpine Valley sort and the Woodstock School Snow Club. Failure to follow the rules and conditions may result in the club members' removal from the club without refund of money paid.

In the event of an injury, the club advisor will follow club rules on injuries, meaning she/he will make every attempt to contact the above emergency contact. If the club advisor cannot reach the parents/guardians/emergency contact(s) by phone on the night of the trip, she/he has permission to give consent to ambulance transportation and/or authorized medical treatment if needed; acting on what they deem is in the best interest of the club member.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Student Signature _____

Signing this agreement confirms that I have read it and understand the above waiver and consent.

Email _____ Card # _____