



ST. JOSEPH SKI BUS 2018 ALPENTAL AT SNOQUALMIE

ONLINE SKI BUS SIGN UPS ARE LIVE for 6th thru 8th grade rippers!
SPACES FILL UP QUICKLY. REGISTRATION ENDS DEC. 1ST.

Details:

- SKI BUS arrives FRIDAYS @ St. Joes at 2:45p and returns: 10-10:30p back at St. Joes:
 - JAN 5, 19, 26 (break: MLK Jan 15th)
 - FEB 2, 9, 23 (break: President's Day Feb 19th)
- Just like multi week lessons - you sign up and you're in.
- 6 WEEKS BUS: \$224
- 6 WEEKS DISCOUNTED LIFTS: $\$31 \times 6 = \186
- OPTIONAL DINNER VOUCHER: $\$15 \times 6 = \90
- TOTAL: \$500.00 FOR SIX WEEKS OF LUXURY BUS, LIFTS & DINNER!
- If you cannot make all sessions- pay for just THE BUS (for the whole season) then LIFTS/FOOD on dates you can go. Please review forms for specific details.

PLEASE BRING BELOW SIGNED FORMS & CHECKS TO THE FRONT DESK by DEC 1ST.

FAQ's

- Chaperones needed: email clancycasad@gmail.com.
- Late registration is not accepted. There are only 2 buses and spaces fill up quickly.
- Ski patrol is on site plus 911 for major emergencies. Volunteer ER cars Needed. May need to take sick/hurt kids home or to Walk-in Clinic on mountain.
- Gear needs to be brought to school each week on Friday. There is no ski storage available for the season at school. The pass has lockers.
- St. Joes is not responsible for ski rentals. Just like ski school, we suggest Full Season Rentals at REI or ski shops.
- Ski Lessons at Alpental do not coincide with the ski bus arrival departure dates/times so are not available. Please review all rules in sign up documents.
- Siblings/Friends: We suggest driving up with siblings/friends as the space on the bus is limited. One additional bus may be added if need demands. We do not take non-St. Joe Students due to limited availability of seats.
- Additional Questions? Contact clancycasad@gmail.com

2018 FINANCIAL COMMITMENT SKI LIFT TICKET /MEAL VOUCHER/SKI BUS

Student's Name: _____

Grade: _____

Corporate rates for lift tickets are **\$31.00** per outing for students under 15. Meal Vouchers are **\$15** per outing. Bus transportation is **\$225.00**. Write in the amount for each the following dates for your child's lift ticket and the meal voucher even if it is zero for head count purposes . Use total amounts for grand total below to write your check.

January 5 th :	Lift ticket \$ _____	Meal Voucher \$ _____
January 19 th :	Lift ticket \$ _____	Meal Voucher \$ _____
January 26 th :	Lift ticket \$ _____	Meal Voucher \$ _____
February 2 nd :	Lift ticket \$ _____	Meal Voucher \$ _____
February 9 th :	Lift ticket \$ _____	Meal Voucher \$ _____
February 23 rd :	Lift ticket \$ _____	Meal Voucher \$ _____
TOTAL:	Lift tickets \$ _____	Meal Vouchers \$ _____

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Write one check and calculate the following to arrive at your grand total:

Sample Calc

Lift Tickets (from above)	\$ _____	\$31 x 6 = \$186
+ Meal Vouchers (from Above)	\$ _____	\$15 x 6 = \$90
+ Bus = \$225	\$ <u>225</u>	\$225
Grand Total	\$ _____	<u>\$501</u>

Complete this form and send it back to the main office with a check in the amount of the grand total made out to **Clancy Small** with "St Joes Ski Bus" in the Memo line on the check.

Yes, I am interested in chaperoning: Date(s) _____

VOLUNTEER FOR EMERGENCY CAR DRIVE UP SEPERATELY _____

Final Chaperone list will be confirmed in separate email and confirmed 1 week prior.

Complete paperwork required to participate. All 3 pages of the attached forms must also be completed and signed: **Permission Slip & Medical Authorization, Hold Harmless, and Rules.**

We understand that these tickets, vouchers and Bus are pre-paid and there will be no refund if not used.

Initials: _____ Date: _____

Permission Slip and Medical Authorization

Participant's Name _____ M/F ____ Age ____ Grade ____

We need all phone numbers where Parent/Guardian can be reached on Friday nights in addition to your child's phone number if they have one. (***please print legibly***)

Parent/Guardian _____ Cell # _____
Home _____
Email _____

Parent/Guardian _____ Cell # _____
Home _____
Email _____

Child _____ Cell # _____
Email _____

CONSENT TO PARTICIPATE, RELEASE, and MEDICAL AUTHORIZATION

I/We, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give Volunteers of the St. Joseph Ski Bus Program (herein referred to as SJSB) the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that SJSB shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by SJSB. I understand that this form is in effect from the date signed and that it is my responsibility to inform SJSB of any changes to this form.

INSURANCE COMPANY _____ PHONE # _____

POLICY # _____

Parent's Name _____

Parent's Signature _____

HOLD HARMLESS

ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT

I am the parent(s) or legal guardian of the participant in the St. Joseph Ski Bus Program and hereby acknowledge that I have voluntarily chosen to have my son/daughter participate in the activities of the St. Joseph Ski Bus, including, but not limited to, riding in a chartered ski bus, skiing/snowboarding on my own, participating in ski/snowboarding lessons through Friday Night Live at Alpentel, riding ski lifts (hereinafter called "SJSB").

I understand the risks involved in the SJSB. I recognize that the SJSB and its activities involves risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, and death. Furthermore, I recognize that participation in the SJSB involves activities and risks incidental thereto, including but not limited to, travel to and from Alpena, ski/snowboarding lessons, riding the ski lifts, limited availability of medical assistance and the possible reckless conduct of other participants. I have voluntarily chosen to have my son/daughter participate in the SJSB with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

In consideration of my son/daughter's participation in the SJSB program and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Clancy Casad Small and family, St. Joseph School, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in the program. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from. In addition, I hereby voluntarily hold harmless Clancy Casad Small and family, St. Joseph School, its officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless, Clancy Casad Small and family, St. Joseph School, its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the program, unless claim is caused by the sole negligence or willful misconduct of Clancy Casad Small and family, St. Joseph School, its officers, directors, employees, agents, volunteers and assigns.

I also understand that Clancy Casad Small and family, St. Joseph School, its officers, directors, employees, agents, volunteers and assigns does not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses.

I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that this acknowledgment of risk and hold harmless is effective for as long as I participate in the program. **"I/WE AGREE"**

Parent Signature(s)

Print Name(s)

Rules

- 1) Have ***Fun!***
- 2) **DO NOT BE DISRUPTIVE**
- 3) Treat chaperones, volunteers, other participants, and Alpentel staff with respect.
- 4) Chaperones have the ability to restrict any participants from the ski bus for inappropriate behavior.
- 5) All participants must clean up their own garbage from the bus or there is a clean-up fine applied. Food may be eliminated from the bus if participants are not more responsible in this area.
- 6) All participants will be assigned a 'buddy' that should be a similar ski/snowboarding skill level. All participants are expected to stay with their buddies during the Friday night program and make sure they board the bus at the designated time.
- 7) Parents should be available by the provided phone numbers during the Friday Night program for emergency purposes or to be notified for weather changes and bus arrival times.
- 8) The SJSB will be cancelled if the Friday Night Ski Lessons are cancelled due to lack of snow or if the bus company cancels for any other reason. Refunds will be accommodated under these circumstances.

PICK UP TIME.

PARENTS MUST PICK UP THEIR CHILDREN OR MAKE ARRANGEMENTS FOR THEIR CHILD(REN) TO BE PICKED UP WHEN THE BUS ARRIVES AT THE SCHOOL. CELL PHONES ARE AVAILABLE TO YOUR CHILDREN TO NOTIFY YOU WHEN THE BUS WILL BE ARRIVING AT THE SCHOOL. IF YOUR CHILD(REN) HAS TO WAIT WITH A CHAPERONE FOR AN INAPPROPRIATE LENGTH OF TIME, YOUR CHILD MAY NOT BE ALLOWED ON THE BUS FOR ONE OR ALL THE REMAINING TRIPS WITH NO REFUND.

“We Agree”

Parent Signature(s)

Print Name(s)

Participant's Signature

Print Name