

Ski Club All Day Trip!

Friday, February 15, 2019

8:30 a.m. - 4:45 p.m.

Devil's Head

56330 Bluff Rd, Merrimac, WI 53561

(608) 493-2251

www.devilsheadresort.com

The Ski Club will be going to Devil's Head Resort for our all day ski trip on February 15, 2019. Any skier who has attended one or any snowboarder who has attended two of the Alpine Valley Friday Night Ski Trips is eligible to attend this trip.

The Minor Rental form is required for anyone receiving rental equipment under the age of 18.

ALL PERMISSION SLIPS AND FEE ARE DUE BY Friday, Feb. 8, 2019,
at NOON. NO EXCEPTIONS

St. Joe's All Day Ski Trip

Date: 2/15/2019

8:30 a.m. - 4:45 p.m.

FOR THE STUDENT

Student Name: _____

Homeroom: _____

_____ Ski _____ Board

Lift Ticket/Rental/Helmet \$25.00 _____

Lift Ticket Only \$15.00 _____

Bus \$22.00 _____

Food Voucher \$10.55 _____

Choice of sandwich or pizza slice

Chips or fries and fountain drink or bottle of water

Total

FOR THE PARENT CHAPERONE

Parent Name: _____ Phone# _____

_____ Ski _____ Board

Lift Ticket/Rental/Helmet \$25.00 _____

Lift Ticket Only \$15.00 _____

Food Voucher \$10.55 _____

Choice of sandwich or pizza slice

Chips or fries and fountain drink or bottle of water

Total _____

Ski Club Date **Friday, February 15, 2019**

Student Name: _____

It is absolutely critical that I am able to reach a parent at all times during the Ski Club outings that your student will attend. I need to be able to contact you in the event of illness or injury. Please provide us with the following numbers:

Home Phone: _____

Parent/Guardian #1 Cell Phone: _____ Work: _____

Parent/Guardian #2 Cell Phone: _____ Work: _____

Alternate Contact Name: _____

Number: _____

Alternate Contact Name: _____

Number: _____

Consider where you will be that day/evening: _____

Number: _____

If you cannot be reached at any of the above numbers, how may I contact you?

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Family primary doctor _____

Family Health Plan Carrier _____

Signature _____ Date _____

Thank you for providing me with this information. I know it is a duplication of some of the information on the permission slip; however, I would like to thank you for filling out both forms as accurately as possible.

Abby Wiberg (896-2930 ext. 323)
Ski Club Advisor



Minor Rental Release Form

I hereby release Ski Enterprises of Wisconsin, Inc. and its employees from any liability for damage to any persons or property resulting from the use of any equipment rented during the 2018-2019 ski season.

I understand the bindings furnished are the release type designed to reduce the risk of injuries from falling, and these bindings will not release under all circumstances and that there are no guarantees for my safety.

I understand that the ski binding is pre-adjusted to a specific weight and that I must give Devil's Head my correct weight and ability so that the proper binding selection can be made. I WILL NOT adjust the binding on my own. If difficulty occurs, I will return to the rental building for assistance. I agree to reimburse the ski shop for loss of any equipment and for breakage.

Signed _____

Date _____

I consent for _____ to ski and agree, as Guardian, to the above conditions for said minor.

Guardian _____
**Parent or legal guardian must sign for any child under 18 years of age.

Group Name _____

Please Note: For any individual who will be skiing more than once during the season, this form will need to be signed only once and will be kept on file at Devil's Head.

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Merrimac, WI 53561
608-493-2251
800-472-6670
Fax 608-493-2176
www.devilsheadresort.com