

PLHS Ski and Snowboard Club

Students name: _____

Birth date: _____ Age: _____ Grade: _____

Emergency contact information:

Parent/Guardian: _____

Address: _____

Phone numbers: _____ (home)

_____ (cell)

Other Emergency Contact: _____

Phone numbers: _____ (home)

_____ (cell)

Insurance Carrier: _____

Policy number: _____

Allergies: _____

Other relevant health issues: _____

I have read the club's general rules and information and discussed them with my student. We understand the behavioral guidelines and the consequences for not following the guidelines. Parent Initial _____ Student Initial _____

I give permission for my student to participate in the Ski/Snowboard Club. I understand that District 719 is not responsible for any injuries that may occur while my child is skiing or snowboarding.

Signature: _____

Date: _____

This form must be completed and returned before student may participate in any Ski / Snowboard Club trip.