Redbank/Clarion Ski Club

Parent Authorization and Liability Release Form
PLEASE PRINT

PARENT and STUDENT MUST COMPLETE and SIGN BOTH SIDES OF THIS FORM FOR THE 2023 SKI SEASON.

Student Name: _____

Address: _____

Grade: _____   **Date of Birth:** ___/___/_____

Parent/Guardian Names:
Mother: _____   **Home Phone:** _____
                                        Cell Phone: _____

Father: _____   **Home Phone:** _____
                                        Cell Phone: _____

Student: _____   **Home Phone:** _____
                                        Cell Phone: _____

EMERGENCY MEDICAL INFORMATION:
Health Insurance Provider:
_____

Policy/Plan/Group ID Number:
_____

Student's Physician:
Name: _____
Telephone: _____

Allergies/Medications/Known Conditions/Other Information:
_____
_____

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Student and Parent/Guardian must read the following conditions for participation in the Redbank/ Clarion Ski Club and sign their agreement where indicated.

A. Student Behavior and ZERO TOLERANCE for infraction of the rules:
The Student and Parent/Guardian acknowledge that the RV/CA Ski Club is a school sanctioned activity and that all rules, policies and standards of the Redbank Valley, Clarion Area, Union and affiliated School Districts and the Student Code of Conduct remain in force. The Student agrees to abide by these rules, regulations, policies and standards of behavior, and in all instances to follow the specific instructions of the Ski Club advisors/chaperones. The Student and Parent/Guardian specifically acknowledge and understand that the possession or use of alcohol or illegal and/or unauthorized drugs is strictly forbidden. **ANY INFRACTION OF THE RULES WILL RESULT IN LOSS OF SKI CLUB PRIVILEGES FOR THE REMAINDER OF THE SCHOOL YEAR, AS WELL AS OTHER CONSEQUENCES, INCLUDING BUT NOT LIMITED TO EXCLUSION FROM FURTHER PARTICIPATION AND FORFEITURE OF ALL FEES PAID FOR LIFT TICKETS, BUS TRANSPORTATION AND EQUIPMENT RENTALS. STUDENTS MAY BE EXCLUDED FROM SKI CLUB FOR ONE (1) CALENDAR YEAR FROM THE DATE OF THE INFRACTION.**

B. Parental Permission and Liability Release:
The Parent/Guardian grants permission for the Student to participate in the RV/CA Ski Club. Although the activities of the Ski Club will be supervised, in general by adult chaperones, it is agreed and understood that neither the Redbank Valley, Clarion Area, Union School Districts nor any individual chaperone will suffer any liability, and the Redbank Valley, Clarion Area, Union School Districts and the chaperones are hereby released from any liability, whether or not caused by fault or negligence, for any bodily injury, loss, theft or property damage sustained by the student while participating in Ski Club activities.

C. Authorization for Emergency Medical Treatment:
The Parent/Guardian grants permission to any Ski Club chaperone to obtain medical treatment for the health and well being of the Student if necessary during Ski Club activities. The Parent/Guardian authorizes any Ski Club chaperone to provide medical information to emergency personnel, and to execute any medical treatment authorization forms on behalf of the Parent/Guardian.

D. Medical Treatment and Transportation: (read closely)
****The Parent/Guardian will assume responsibilities for transportation arrangements in the event of extended/overnight illness or injury during Ski Club activities/trips. Holiday Valley/EMS will generally transport serious injuries/illness to Bradford Hospital or the Ellicottville treatment center for treatment. The Ski Club/Advisors will use all resources to get students home on the bus in the event that emergency care is administered, but it's the parent/guardian responsibility for extended/overnight stay. **Students MUST report ANY injuries sustained, to the club advisor, before departure from Holiday Valley Ski Resort**.

I (print student name) _____have read and understand the conditions for participation in the RV/CA Ski Club and I agree to abide by these provisions.

Student Signature: _____ Date: _____

I (print name) _____certify that I am the Parent/Guardian of the Student named above and that I have read and agree to each and every provision of the foregoing Parent Authorization and Liability Release Form including the authorization for medical treatment.

Parent/Guardian Signature: _____Date: _____