

Registration Information:

Select one of the packages below and complete all information.

<p><u> </u> Bus and Lift Ticket</p> <p>Price: \$117 (age 13-18) \$124 (age 19+)</p> <p>*Add \$10 for helmet rental</p> <p>Ability Level Beginner _____ Intermediate _____ Advanced _____</p> <p>Age _____</p>	<p><u> </u> Bus, Lift Ticket and Rental</p> <p>Price: \$155 (\$165 w/helmet) \$162 (age 19+, \$172 w/ helmet)</p> <p>Snowboard Rental _____</p> <p>Ski Rental _____</p> <p>Helmet Rental _____</p> <p>Shoe Size _____</p> <p>Height _____</p> <p>Weight _____</p> <p>DOB _____</p> <p>Ability Level Beginner _____ Intermediate _____ Advanced _____</p>
<p><u>SCHOOL GROUP Package (age 13-18)</u> <u> </u> Bus, Lift Ticket, Rental and 2-hr group lesson</p> <p>Price: \$ 215 (\$ 225 w/helmet)</p> <p>Snowboard Rental _____</p> <p>Ski Rental _____</p> <p>Helmet Rental _____</p> <p>Shoe Size _____</p> <p>Height _____</p> <p>Weight _____</p> <p>DOB _____</p> <p>Ability Level Beginner _____ Intermediate _____ Advanced _____</p>	

Permission Slip

LHS Ski/Snowboard Trip

Please return by Jan 19th! The trip will be cancelled if we don't have enough people by this date.

·You can still sign up after the 19th if we have room on the bus·

If we get 40 participants (excluding chaperones) everyone will be entered into a raffle for a refund of their lift ticket! The first 20 people to sign up will get their name entered twice!

My child, _____ has permission to attend the Trip on **Sunday, February 10, 2019**. I also give the Ledyard School/Trip Leader/Chaperones permission to seek emergency medical attention for my child, as needed.

Date: _____
_____ (Parent/guardian signature)

Address: _____

Telephone # home _____ (circle preferred number)

Guardian cell # _____ Guardian Cell # _____

Participants cell# (optional) _____

Child's birth date: _____ Age _____



Medical Information

Please indicate below any medications your child is taking, or medical conditions and/or allergies he/she may have that would be important for medical personnel to know in the case of an emergency. Thank you.

Medical conditions/allergies:

Medications:

****Complete the back of the permission slip****



Transportation Waiver

Please be advised that the Ledyard Public School District is **NOT** responsible for, and does not assume responsibility for, the supervision or scheduling of the “Additional Transportation”; nor is it responsible for, or assume any liability for, any injury or accident arising from or related to any Additional Transportation being provided to your son/daughter before and/or after school. The school district has no insurance for, nor does it assume under any circumstances responsibility for, the Additional Transportation. Parents and/or Guardians authorizing such private transportation are required to waive any right to or claim of responsibility on the part of the school district for the Additional Transportation.

As parent and guardian of _____, I am aware of the Ledyard Public School District’s policies, particularly on Additional Transportation, and further understand:

1. That in utilizing Additional Transportation or other alternative transportation including, but not limited to, parents, student drivers, third parties, or any other transportation being provided by someone other than the Ledyard School District, I hereby waive, release, promise and agree not to file, bring or pursue any judicial, quasi-judicial, administrative or arbitral complaint, charge, claim or action and waive and release the right to recover any and all relief in any judicial, quasi-judicial, administrative or arbitration proceeding, suit or action filed or brought in the name of my son/daughter or in my name against the Ledyard School District, the Town of Ledyard, or the Town or School District’s Administration, their present or former officers, directors, members, agents, or employees, or any person formerly or presently acting on behalf of the Ledyard School District, the Town of Ledyard, or the Town or School District’s Administration, in either their official or individual capacities, arising out of my decision to have my child use Additional Transportation or other alternative transportation.

2. That any school-sponsored activity shall not begin until the student is under the direct supervision of the coach or faculty advisor, as the case may be, and the direct supervision shall terminate upon the Additional Transportation or other alternative transportation driver picking up my child.

I hereby certify that I have read and understand the above terms and conditions of the Ledyard School District policies and that I am the parent and/or legal guardian of the above-named student. I further certify that I give my express permission for, and assume full responsibility and legal liability (as set forth in detail above), of any Additional Transportation or other alternative transportation being provided for my son/daughter **TO** or **FROM** school for this event.

Print Name of Parent and/or Guardian

Signature of Parent and/or Guardian