

2017 KIWANIS SNOW SPORTS RECREATION PROGRAM

Stevens Pass Ski Area

Alpine Skiing, Snowboarding, Nordic Telemarking

Information Sheet

Registration Event: Saturday, December 3, 2016. 9:00AM – 11:00AM, lower level of the Port Townsend Recreation Center at Tyler and Clay Streets. Registration is first-come, first-serve and parent/guardian signatures are required on the forms for all participants under the age of 18.

Advance registrations are not permitted.

Participants: Students in grades 7 thru 12, adults and families welcome. (Note: Students in grade 6 and below **MUST** be accompanied by a participating parent/guardian on all trips.)

Instruction: Ski or snowboard lessons are required of all beginners and/or first year participants under the age of 18 unless participation in previous lessons through a PSIA-NW member can be provided at the time of registration. Lessons are available through the Olympic Ski School, Inc. at Stevens Pass. Sign-up forms will be available at the registration tables December 3, 2017.

Trip Schedule: Six consecutive Saturdays, weather and conditions permitting:

January 7th, 14th, 21st, 28th, February 4th, and 11th.

We leave the Chimacum High School parking lot at 5:00AM (LOAD 4:30 & on) for 6:25 AM Kingston ferry, and return on 6:15PM Edmonds ferry, to CHS by 7:30 PM. (Return load 3:45, leave by 4:15, no later)

NO "WALK-ONS" allowed, everyone must be pre-registered.

Transportation Cost: \$130.00 per person—cash or local check only due at the time of registration. All personal checks must be imprinted with name, current address and telephone number. No starter/counter checks accepted. Please make checks payable to: "Kiwanis Snow sports". Checks returned unpaid by our bank will be subject to a handling fee and the participant may lose his/her reserved place.

Lift Tickets: Visit the Stevens Pass website at www.stevenspass.com for Season Pass or Adventure Pass and individual ticket sales information. Discounted lift tickets are no longer available through this ski school.

Trip cancellations: In the event of a cancellation, participants will be notified by e-mail, or cell phone with as much notice as possible. Regretfully, unforeseen travel or weather conditions may force us to cancel from the Chimacum parking lot, or turn around while enroute to Stevens Pass. In the event of power outages we may be unable to e-mail cancellations or make phone calls and ask your patience and understanding in the event of such circumstances.

For more information: e-mail Michelle West: michellewest.1212@gmail.com or phone Helen Brink: 385-1327.

SNOWSPORTS RECREATION PROGRAM REGISTRATION

(Please print clearly)

Last name First name Middle Initial

Age Date of Birth Grade * School name
(MM/DD/YYYY) * Must be in grade 7 or above without
a parent/guardian as a paid participant.

Parent/ Guardian

Home Address (street, City)

Mailing address (if different than home address)

Home telephone Parent/Guardian Cell phone
(for emergency contact)

Email address** Parent or guardian email address

****Required for trip cancellation and program notices**
If no email access, you need to "buddy" with someone who will call you with trip cancellations and notices

Who is your Buddy? Buddy Email address

Do you Ski or Snowboard? Is this your first year Snow sports?

Note: Lessons required for first year snow sports participants

Adult emergency contact other than Home telephone & Cell phone
Parent or guardian

I/we Agree to observe the published rules and verbal directions of the Snow sports chaperones, bus drivers, ferry employees and Stevens Pass employees and that failure to comply may result in being suspended from the program without refund. I/we understand that refunds will not be made for the inability of the participant to attend sessions. I/we are aware of the Washington State Skier (and Snowboarder) Responsibility Law and that snow sports are active sports with risk of physical injury. I/we understand that Grade Six and under participants must be accompanied by a participating adult responsible for their health, safety, welfare and conduct. I/we understand all first year participants under the age 18 must take lessons. I/we understand that the snow sports program may reject any participant by refusing to accept an application or by refunding registration fees. I/we have read the published rules and have read and understood and agree with the provisions of the Liability Release and Indemnity Agreement on the reverse side of this form.

By: _____
Participant Parent or Guardian
(if Participant is under 18 years of age)

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

The undersigned, being the parent or legal guardian for:

(Participant _____) hereby authorize the
"SNOWSPORTS" representatives to execute treatment forms and admission on
behalf of (Participant) _____ and the undersigned
in the event of a medical emergency. "SNOWSPORTS" will use its best efforts to
advise the undersigned as soon as possible about the need for such care, but
such notice is not a condition precedent of this authorization.

By: _____ BY: _____
(Parent/Guardian--SIGNATURE) (Parent/Guardian – PRINT)

Address: _____

City _____ State _____ Zip Code _____

Home Telephone: _____ Cell: _____

DATE SIGNED _____

Known allergies to medications or food: _____

Date of last Tetanus Booster: _____

Medical conditions we should know about: _____

Physician's Name: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

SNOWSPORTS RECREATION PROGRAM

Liability and Release Indemnity Agreement

I/We acknowledge that the Snowsports and related activities are HAZARDOUS ACTIVITIES and that I/We have made a voluntary choice to participate in those activities despite the risk they present, and, in consideration of being permitted to participate in the Snowsports Recreation Program agree to ASSUME ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result of participation in this event.

I/We further agree to release from liability and to indemnify and hold harmless the organizers of the Snow sports Recreation Program: The Kiwanis Club of Port Townsend, WA from any damage, injury or death to myself, child, or to any person or property in any way connected with participation in the Snow Sports Recreation Program.

I/We are aware and understand the Washington State laws that apply to skiing and snowboarding and are aware and understand the Skier and snowboarder Responsibility code.

I/We the undersigned, have carefully read and understand this agreement and all of its terms and conditions, and understand that this is a release of liability which will prevent us or any other person from filing suit or making any other claim for damage in the event of any injury or death. I/We nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me/us, assigns and legal representatives.

By _____

Participant

Date

By _____

Parent/guardian (required if participant is under the age of 18 years old)