

President's Day

# Wild Mountain Youth Ski Trip

St. Mary of the Lake

**Who:** All St. Mary's parishioners and friends in grades 6-12.  
(Parents may bring younger children too)

**When:** Monday, February 17, 2020  
(President's Day)  
Meet at the parish center at 8:15 AM  
(departure time is 8:30)  
and return about 6:00 PM

**Where:** Wild Mountain Ski Area.

**Cost:** See registration form below.



*Return the form below with a check payable to St. Mary's by Thursday, February 13.*

*If a participant cancels with less than 48 hours notice, only a 50% refund will be given.*

***Be sure to register by the deadline!***

*If trip is cancelled due to weather, 100% refund will be returned.*



## Wild Mountain Ski Day Registration Form

Please return by Thursday, February 13. After this date, please call to determine if space is available. 429-7771. Place a check mark in all columns that apply.

**Fees:** Jr. Lift ticket: \$20  
Adult Lift ticket: \$26  
Rentals: (board or ski) \$21 (helmet rental included)  
Bus ride: \$15 (round trip or one way)



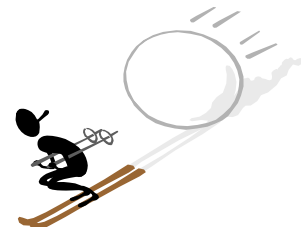
NAME	CELL #	Jr Lift ticket Age 6-17	Adult lift ticket Age 18+	Ride Bus to hill	Ride bus home	Rent skis	Rent snow- board	Beginner lessons FREE Ski or board?	Total

Name of Parent or Guardian: \_\_\_\_\_

Number to call in Emergency: \_\_\_\_\_

Parent Email \_\_\_\_\_

Alternate name and ph# \_\_\_\_\_



\_\_\_\_\_ Check here if adult(s) above are willing to be a chaperone (must be over 21).

# Wild Mountain Youth Ski Trip

Participant's Name:	
Grade:	Gender:
Parent/Guardian's Name:	Check here if you will chaperone <input type="checkbox"/>
Home Phone:	Cell Phone:

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
Parent or Guardian's name Child's name

to participate in the below named event(s) and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Mary of the Lake from any claims or law suits brought against St. Mary of the Lake by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by St. Mary of the Lake in defense of such a claim/lawsuit.

Date of Event:	Monday, February 17, 2020
Type of Event (Destination):	Wild Mountain Ski/Snowboard Trip
Individual(s) in Charge:	Justin Kelly and Karlene Feidt, St. Mary of the Lake Chaperones
Estimated time of departure and return:	8:30 AM – 6:00 PM
Mode of transportation to and from event:	Bus

**Medical Information:** Please be sure to fill out all of the following information.

Medication my child is taking at present:		
Any other medical information your child's adult leader should know:		
Family Doctor:	Phone:	
Family Health Plan Carrier:	Policy #:	

**EMERGENCY CONTACT:** In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name & relationship:	Phone:
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**Parent/Guardian Signature:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

Signature:	Date:
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