

**THS/ TMS SNOW SPORTS CLUB**  
**Mr. Sweeney**  
**MEMBERSHIP PACKET**

We would like to thank you for your interest in joining the Tuckahoe High School Ski and Snowboard Club. The school, advisors, chaperones and others associated with the ski club want your experience to be a positive one. Our hope as your advisors is to take you to some of the best skiing destinations that the Northeast has to offer.

**Snow Sports Club Agenda 2017-2018**

Day	Date	Trip #	Ski Area	Cost of Lift Ticket	Cost of Lesson	Cost of HELMET
Saturday	Jan. 6	1	Windham* 1.800.754.9463	\$47	\$49 (lesson and ticket)	\$11
Saturday	Jan. 27	2	Windham* 1.800.754.9463	\$47	\$49 (lesson and ticket)	\$11
Saturday	Feb. 10	3	Okemo** 1.800.78.OKEMO	\$62	\$77	\$10

I acknowledge that this trip shall leave at **6:00 A.M** and return at **7:00 P.M.** for the **Windham** Trips and shall leave at **4:30 A.M. and return between 8 and 9 P.M. for Okemo** and that my child may participate in **Skiing or Snowboarding** while on the trip.

\*\*\*\*\*SNOW DATE DUE TO INCLIMATE WEATHER MARCH 18<sup>th</sup>\*\*\*\*\*

We have three trips planned. All students are required to bring in the last page of this contract filled out and a check for **\$125.00 (made out to "Tuckahoe High School")** to cover transportation expenses for all three ski trips. **Please bring checks to Mr. Sweeney in the Gymnasium.** Please get checks in as soon as possible. This money guarantees all club members a seat on the bus for all three trips. There are **NO REFUNDS** for this payment for **ANY** reason. The ski club has a contractual and financial commitment to pay for this transportation whether students attend a trip or not. There is an additional fee for **EACH** trip for the lift tickets and lessons that will be collected the week of the trip **in exact dollar amount.**

Please find attached all the information to make your application to join the THS Snow Sports Club. The ski club is on a **first-come, first-served basis.** So get your forms in and application fee in quickly to get your place on the bus.

The ski club **REQUIRES** that all members wear **SAFETY HELMETS** at all times on the slopes.

The ski club also strongly suggests that all members either rent equipment for the season or purchase their own equipment. Rental lines can be long at the mountain, I suggest that you use:

Pedigree Ski Shop and 44 Board  
355 Mamaroneck Ave, White Plains, NY 10605 (914) 948-2995

**Note: Ski Club does not arrange for daily rentals at the mountain, because a parent signature and a credit card number/deposit are required to rent equipment. If members choose to rent at the mountain, they may be denied equipment without a parent signature/credit card deposit.**

I understand that there are risks of injury associated with the above-listed activities and I consent to my child's participation in all these activities except for the following:

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I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

I understand that my child is expected to behave responsibly and to follow the Tuckahoe Union Free School District Student Code of Conduct, directives of school personnel and/or chaperones and comply with applicable school policies.

I agree and understand that I am responsible for the actions of my child. I release the school from all claims and liability that arise in connection with the trip, except if due to the gross negligence of school officials.

I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.

I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.

I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.

**Note:** In the case of a trip cancelation due to weather conditions, students will be emailed by the advisors as early as 12 hours before departure (about 6 PM Friday night) and as late as 1 hour before trip departure  
Saturday morning.

\*The above dates are subject to change based on the weather conditions. If there is not enough to snow to ski on in the Beginning of January another day will be found. If your child cannot attend the rescheduled day there will be a refund given. This is the only way a refund will be given since we do not have control  
over Mother Nature!

# THS/TMS SNOW SPORTS CLUB 2017-2018

PARENT PERMISSION & ACCIDENT RELEASE FORM  
(ONE FORM PER CHILD-EACH CHILD MUST HAVE HIS/HER OWN FORM)

\_\_\_\_\_, as the parent(s) and natural guardian(s) (hereinafter, the "Parents" or "Guardians") of \_\_\_\_\_ (**student name**), hereby give permission for the student to travel with the **Snow Sports Club** of the Tuckahoe Union Free School District to **Windham Mountain on Saturday 1/6/18, Saturday 1/27/18 and Okemo Mountain on Saturday 2/10/18**

STUDENT'S LAST \_\_\_\_\_ FIRST NAME \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
GRADE 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> (Circle ONE)

Parent's email address (PLEASE PRINT IN ALL CAPS NEATLY) \_\_\_\_\_

Parent's email address (PLEASE PRINT IN ALL CAPS NEATLY) \_\_\_\_\_

### Please complete the following:

Please indicate below any permanent or temporary medical or other condition, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

\_\_\_\_\_  
\_\_\_\_\_.

I understand that a physician's order must be provided for this medication if a recent Order (within one year) is not on file in the health office. Medication **MUST** be in the original container, placed in small zip bag with index card including child's name, medication and specific instructions.

Family Physician or Healthcare Provider \_\_\_\_\_

Office Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

MOTHER CELL ( ) \_\_\_\_\_ - \_\_\_\_\_

FATHER CELL ( ) \_\_\_\_\_ - \_\_\_\_\_

In an emergency \_\_\_\_\_ can be reached at:

Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

PLEASE CHECK YOUR CHILD'S LEVEL OF SKIING/SNOWBOARDING  
SKI SNOWBOARD BEGINNER INTERMEDIATE EXPERT

By signing this document, I hereby give my permission for my child to participate in this school trip, agree to the contents set forth in this document and attest that I am the named child's parent or legal guardian.

PRINT PARENT'S NAME \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_