

MEDICAL AUTHORIZATION

If medical care is required for:

(Print youth's name)

in conjunction with any Waconia Ski & Snowboard Club activity, and if the undersigned is not available immediately to grant permission, the undersigned permits adult chaperones from WSSC to transport our son/daughter to the nearest hospital or predetermined location and to act on our behalf to authorize appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

Signature _____
Parent/Guardian

Emergency Contact numbers

Phone-Home _____

Phone-Work _____

Guardian-Cell _____

My son/daughter takes the following medication(s):

For: _____

Medical Insurance Company:

Policy # _____

Medical Condition that we should be aware of.

This information will be kept confidential

CODE OF CONDUCT

I, _____
(Print youth's name)

a member of Waconia Ski & Snowboard Club, hereinafter referred to as WSSC, understand that common sense and personal awareness can reduce many elements of risk in skiing and snowboarding. I recognize that unwise and unsafe behavior can jeopardize individual and/or group safety.

Therefore, I understand that wearing a helmet at all times while skiing/boarding is mandatory, and I must abide by the WSSC Policies & Assumption of Risk. I further understand that not wearing a helmet, or violating the WSSC Policies or Ski Resort rules, will result in immediate and permanent expulsion from the Waconia Ski & Snowboard Club, with no refund of fees paid.

I acknowledge that I and my parents together have read and understand the WSSC Policies & Assumption of Risk and the above statements, do hereby agree to comply with its meaning and intent, and understand that this is a release of liability against the WSSC and its leaders.

Signature of Member Date

Signature of Parent/Guardian Date

Please note that you will not be allowed to board the bus without this contract signed before the first trip.

WACONIA SKI & SNOWBOARD CLUB REGISTRATION FORM

Name: _____ E-Mail: _____

Address: _____ Birth Date: _____

City/State/Zip: _____ Phone: _____

☐ I am a ☐ Snowboarder ☐ Skier  Current Grade: _____

Parent Name: _____ Parent Cell #: _____

Check One: ☐ Full Session (\$170) ☐ First Session (\$95) ☐ Second Session (\$95)

We have read and agree to abide by WSSC Policies & Assumption of Risk

Participant _____ Parent _____