

Sherwood Middle School Ski Club Waiver



Student Name _____

Grade & Team _____

Address

Parents Names

If there is a medical condition that I should be aware of, please contact the Ski Club Advisor, Jennifer Schaefer

_____ My child does not have any health conditions.

1. Allergies – No / Yes (please describe) _____

2. I give permission to Mrs. Schaefer to share information relevant to my child's health condition with appropriate ski club chaperones or employees of Wachusett Mountain when needed to meet my child's health and safety needs.

3. I give permission to Mrs. Schaefer to arrange emergency transport for my child as needed.

4. Physician's Name: _____ Tel # _____

5. Health Insurance: _____ ID #: _____

6. **Best** phone # to reach you while students are at Ski Club _____

7. Alternate phone number _____ (Name: _____)

8. Email to **best** reach you: _____

9. Emergency Contact _____ Phone# _____

The undersigned understands and agrees that snow sports can be hazardous. The undersigned also clearly understands that Shrewsbury Middle School and its advisors MANDATE THE USE OF HELMETS WHILE SKIING.

In case of an emergency, we will try to contact you. If we cannot contact you or the emergency contact, by signing this sheet, you give permission for the Wachusett Ski Patrol and other medical personnel to administer treatment if needed. Neither Shrewsbury Middle School, Shrewsbury Public Schools, its employees, or Wachusett Mountain are liable/responsible for any student hurt or injured while skiing/snowboarding.

I give my permission for my child to participate in the Sherwood Middle School Ski Club.

_____ (parent/guardian signature)

I the undersigned understand that helmets are mandatory in order to participate in ski club. By signing below, I agree to wear a helmet while skiing at the mountain. I also understand that if caught skiing without a helmet, I can be ejected from the program.

_____ (student signature)