

# PARENT/GUARDIAN PERMISSION FORM



## GRADE EIGHT SKI TRIP Summerland Middle School 770-7685



### TRIP DETAILS:

1. Destination: APEX Mountain Resort
2. Departure Dates: February 10 and 17, 2009 Return Date: February 10 and 17, 2009  
Departure Time: 8:00 a.m. from the school Approx. Return Time: 4:30 pm to the school
3. Teacher / Sponsor(s) accompanying students: Teacher supervisors: K. Bond, C. Gibbings, S. Sabourin, M. Hunter, K. Stewart + Chaperones
5. Mode of Transportation: School bus
6. Phone numbers at APEX Mountain: 250-292-8222

**PLEASE NOTE:** *All students must be transported to and from the school with the school group, unless prior arrangements have been made by the parent/guardian with the sponsor teacher. Under no circumstances are students permitted to drive themselves or others to and/or from any ski trip.*

I AUTHORIZE THAT MY SON / DAUGHTER PARTICIPATE IN THE FIELD TRIP TO **APEX Mountain** on **February 10 and / or 17<sup>th</sup>** BETWEEN THE HOURS OF **8:00 a.m. – 4:30 p.m.** I UNDERSTAND THAT THIS IS A SCHOOL ACTIVITY. ALTHOUGH ALL NORMAL SCHOOL RULES AND EXPECTATIONS ARE IN EFFECT, THERE IS THE HIGHEST EXPECTATION OF STUDENT CONDUCT AND CO-OPERATION ON A TRIP OF THIS NATURE. SHOULD MY SON/DAUGHTER NOT COMPLY WITH REQUESTS BY SCHOOL OR MOUNTAIN STAFF I UNDERSTAND AND ACCEPT THAT MY SON/DAUGHTER FORFEITS ANY FUTURE OPPORTUNITY TO PARTICIPATE IN EXCURSIONS OF THIS NATURE AND ALSO MAY BE SUBJECT TO CONSEQUENCES AT SCHOOL OVER AND ABOVE.

- I HAVE READ, UNDERSTOOD, and COMPLETED THE FOLLOWING FORMS:
  - INFORMATION NOTICE (Blue)
  - PARENT / GUARDIAN PERMISSION / MEDICAL / RENTAL / CHAPERONE (Pink)
  - ASSUMPTION OF RISKS AGREEMENT (White)
- I HAVE SENT FULL PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_ for both ski dates OR (*circle*) Feb. 10 ONLY / Feb 17 ONLY.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## Student Medical Information

Apex Mountain Resort possesses a highly trained ski patrol. If the unforeseen occurs, first-aid, medical treatment and parent notification will be assisted by this completed form.

Student name: \_\_\_\_\_

Advisory teacher: \_\_\_\_\_

Program Date: **February 10<sup>th</sup> and 17<sup>th</sup>, 2008**

Care Card Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Medical History:

Allergies\*: \_\_\_\_\_

Medications: \_\_\_\_\_

Unique needs: \_\_\_\_\_

Illness: \_\_\_\_\_

*\* If your child needs specialized medicine like an "EpiPen", please make sure we are provided with it.*

## Rental Information

Student name: \_\_\_\_\_

Ski rental:

Snowboard rental:

Left foot forward:

Right foot forward:

Male:

Female:

Age: \_\_\_\_\_

Shoe size: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

**Skier Type I** - Cautious skiing at lighter release / retention settings

**Skier Type II** - Moderate skiing at average release / retention settings

**Skier Type III** - Average skiing at higher / retention settings

## Parent Chaperone Information

If you are interested in participating as a chaperone, please fill out the information below. Ski pass and rentals are free, however, **you must have some skiing or boarding experience**. Please note that transporting any child other than your own requires the school to receive a letter of permission from that child's parent. **The school must be informed of these arrangements a day prior to the trip.**

Parent chaperone's name: \_\_\_\_\_ Parent phone #: \_\_\_\_\_

Do you have a vehicle that can be loaded with equipment: Yes:  No: