

ST. PATRICK SCHOOL SKI CLUB - ALPINE VALLEY
2009-2010 SKI CLUB AGREEMENT / PERMISSION SLIP

My child(ren):

_____, _____
_____, _____

have my permission to join St. Patrick School Ski Club. I have read and understand the St. Patrick School Ski Club Information and Rules attached to this Agreement. I understand that St. Patrick School or any agents thereof are not responsible for any injuries that may occur while participating in this program. I understand that the St. Patrick Parent Volunteers are available in the Main Lodge second floor at Alpine Valley from 4:00 pm until 8:30 pm. I understand that the Parent Volunteers are not out on the hills with the children. This Agreement must be signed by all participants and parent/guardians and kept on file with the Ski Club Parent Volunteers in order to participate in Ski Club.

Signature of Parent or Guardian:

_____ Date: _____

_____ Email address

Telephone numbers where I can be reached:

_____ Home _____ Cell (mom)

_____ Work _____ Cell (dad)

Emergency contact person:

Name: _____ Phone: _____

Relationship: _____

I have read and understand the procedures for the student lesson program and Alpine Valley Rules. I agree to abide by them and understand that failure to do so may result in the loss of skiing/snowboard privileges and Parents or Guardian being contacted.

Signature of Student(s):

