

SKI SUNDOWN SKI & RIDE PROGRAM

PARTICIPANT INFORMATION FORM

Please complete this form and return to the Wilbraham Parks & Recreation Department. This information will be used only in the interest of your daughter/son and will help make your participant's experience positive. This information will only be shared with the trip chaperones and program staff.

Participant's Name _____ Grade _____

Please circle one: SKI or SNOWBOARD

Please circle one, Skill Level: 1 First Time - 2 Beginner - 3 Novice - 4 Intermediate - 5 Advanced

List of names of other people you will allow us to release your child/children to: **(CHILD WILL NOT BE RELEASED TO ANYONE BUT REGISTERED PARENT UNLESS HIS/HER NAME APPEARS HERE):**

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Is there anything the staff should know in regard to his/her medical history (allergies and/or medications), or any issues you feel the staff should be aware of?

Any additional information regarding special needs? (Please see Special Needs section in the registration packet.)

In the event medical treatment is deemed necessary, I understand that every effort will be made to contact a parent/guardian. In the event I cannot be reached, I hereby give my permission to the medical personnel to treat and/or transport and/or a physician to administer any and all medical treatment my child may require.

Policy Holder's Name _____ **Insurance Company** _____ **Policy Number** _____

X _____
Signature of Parent/Guardian

Date

Information provided by: _____

Relation to participant: _____