Saint Barbara GOYA Annual Ski Trip

Saturday, February 4, 2017

Ski Sundown - New Hartford, Connecticut

Registration Deadline: Thursday, February 2, 2017

Bus will leave church at 7:30 a.m. SHARP!

Name: _____

E-mail: _____

Age: _____ Date of Birth: _____ Cell Phone: _____

Which Ski Package Are You Signing Up For?

1. First Time Ski Package - $76 – Includes a lift ticket to the Sunnyside Learning Area, Ski equipment rental and a 90-minute, first-time ski lesson.
2. First Time Snowboard Package - $76 – Includes a lift ticket to the Sunnyside Learning Area, Snowboard equipment rental and a 90-minute, first-time snowboard lesson.
3. All Mountain Ski Package - $87 – Provides access to all lifts, ski equipment rental and a 90 minute group ski lesson at your ability level.
4. All Mountain Snowboard Package - $87 – Provides access to all lifts, snowboard equipment rental and a 90 minute group snowboard lesson at your ability level.
5. Ski Equipment Rental - $37 – Includes skis, boots and poles. (Lift ticket purchased separately. See #7 or #8)
6. Snowboard Equipment Rental - $37 – Includes snowboard and boots. (Lift ticket purchased separately. See #7 or #8)
7. Lift Ticket Only (Ages 15 and older) - $49 – Provides access to all lifts. For skiers and snowboarders who have their own equipment and do not plan on taking a lesson.
8. Lift Ticket Only (Ages 14 and younger) - $41 – Provides access to all lifts. For skiers and snowboarders who have their own equipment and do not plan on taking a lesson.

Skiing Cost: $ _____ (Please refer to the prices and the packages in the previous paragraph)

Bus: $10.00

Dinner: $10.00

Total: $ _____ (Each GOYAn is responsible for their own lunch)

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Health Form

Name: _____

Pediatricians Name and Phone Number: _____

Is your child allergic to: ❑ Bee stings ❑ Insect Bites ❑ Poison Ivy ❑ Particular Foods ❑ Particular Medication ❑Other Please specify: _____

_____

_____

Has your child had or been subject to: ❑ Seizures ❑ Heart Trouble ❑ Convulsions ❑ Fainting Spells ❑ Asthma ❑ Diabetes ❑ Other Please specify: _____

_____

_____

Is your child on medication: ❑ Yes ❑ No

Medication Name and Dosage: _____

_____

_____

Is your child under medical care for any illness or health problems? ❑ Yes ❑ No

If yes, please specify: _____

Should your child's activities be restricted in any way? ❑ Yes ❑ No

If yes, please specify: _____

Do we have your permission to administer Tylenol, Benadryl or Antacids to your child if the Staff deems it necessary? ❑ Yes ❑ No

Person to contact in case of emergency (please include phone number)

A. _____

B. _____

I hereby give my child (name) _____ permission to take part in all activities. In case of an emergency, I give the Chaperones permission to seek first aid. Should medical attention be required, I give permission for Chaperones to seek further qualified medical assistance until I can be contacted.

Signature of parent or guardian

Print Name of Parent(s) Cell Phone Number