

2017 High School Ski Club Permission Form

CIRCLE YOUR SCHOOL: COFFMAN JEROME SCIOTO

PLEASE PRINT: **DATE** _____

STUDENT SKIER'S NAME _____

HOMEROOM _____ **GRADE** _____

HOME ADDRESS _____

HOME TELEPHONE _____ **ZIP CODE** _____

GRADE POINT AVERAGE FALL 2016 _____

AGREEMENT OF PARTICIPATION

I understand that the very nature of skiing may cause bodily injury. I, as a parent or guardian, accept this possibility. I agree not to hold the Dublin City Schools and/or its employees responsible for personal injury or personal property damage or loss. I understand that violation of School, Ski Club, or Ski Area Resort rules can mean expulsion from the club, loss of monies paid, and possible disciplinary action from the school. I have read the information contained in all of the registration forms and will follow the rules of the School, Ski Club, Mad River Mountain Resort, and Snow Trails Resort.

ONCE PAID MONIES ARE NON-RENUNDABLE

PRINT Parent Name

Parent Signature

PRINT Student Name

Student Signature

PARENT CONTACT PHONE NUMBERS:

Home _____

Work _____

Cell _____

Other _____

PARENT EMAIL: _____

