

River View Middle School Ski Club Permission Form

After registering on Nordic Mountain's website, complete this page in its entirety and return to the school office by **Friday, December 2nd**. Registration is not complete until this form is sent to the office.

Student Name: _____ Grade: _____

Parent Name: _____ Phone: _____

Medical Insurance Provider: _____

Insurance Policy Number: _____

Health Conditions/ Allergies/ Medications (if applicable):

PARENTS PLEASE READ CAREFULLY AND DISCUSS WITH YOUR SON/ DAUGHTER.

I request that my son/ daughter _____ be allowed to participate in the River View Middle School Ski Club trips. **I understand that all school rules and regulations governing conduct remain in effect while students are on this trip.** Failure to follow these rules may result in a student's dismissal from the club with no refunds.

I authorise the treatment, administration of medical care and anaesthesia and surgical treatment/s for my child in the event of a medical emergency. I understand that skiing/ snowboarding is inherently dangerous and I agree that neither Kaukauna Area School District, nor Kobussen Busses, nor Brandon J. Sanderfoot or any other chaperone is responsible in any way for injuries, or for lost, stolen, or damaged personal belongings or equipment. School buses may not be locked so students are responsible for their belongings- lockers are available at Nordic Mountain.

As a parent/ guardian of a participant, I agree to come pick up my son/daughter from the skiing destination if he/she is injured or involved in any illegal activity or incident with violence/ weapons/ drugs/ alcohol or behavioural problems that cannot be safely and satisfactorily resolved by chaperones.

Parent Signature: _____ Date: _____

As a student participant, I understand that I am responsible for following River View Middle School rules, policies, and regulations at all times. I understand that failure to follow these rules may result in dismissal from the club with no refunds.

Student Signature: _____ Date: _____