

Stoughton Rec. Ski Club Membership

(This form only needs to be submitted once on the child's first trip)

I give my permission for _____ to participate in the Ski Club activities of the Stoughton Recreation Department.

I ACKNOWLEDGE, UNDERSTAND, AND FULLY ASSUME THE RISKS OF PARTICIPATION IN RECREATIONAL ACTIVITIES AND I FULLY AGREE NOT TO HOLD LIABLE THE CITY OF STOUGHTON, THE STOUGHTON SCHOOL DISTRICT, THE STOUGHTON RECREATION DEPARTMENT, OR ANY OFFICERS, AGENTS, OR EMPLOYEES THEREOF FOR ANY PERSONAL INJURY, DAMAGE, OR LOSS OF PERSONAL PROPERTY arising out of, or in connection with, participation in a Stoughton Recreation program, event, or activity, except for damage or injury resulting from intentional or reckless acts of the Stoughton School District, the Stoughton Recreation Department, or any officers, agents, or employees thereof. I also understand the City of Stoughton, Stoughton Recreation Department, and the Stoughton School District DO NOT carry insurance on any of the participants.

Parent/Guardian sign _____ Date _____

Student Name _____ Grade _____ DOB _____
Parent's/Guardian's names _____
Address _____
Phone number _____ Work # if at night _____
Cell # _____

Please list 2 friends or relatives who could be contacted in an emergency
_____ # _____
_____ # _____

I authorize emergency medical treatment of my child if needed should I not be able to be reached. _____ Date _____

Student's health insurance co. _____
Policy Number _____ Group # _____
Family Physician _____ Phone # _____
Hospital preference _____
Emergency medical information (such as medication, allergies, med history)

***See other side**

All beginning skiers are required to take lessons, more advanced skiers may waive lessons with parental permission.

My child is a ___ Beginner ___ Intermediate ___ Accomplished skier.

If your child has taken lessons in the past and you feel they do not need lessons, you may sign here to waive lesson.

I waive the lesson requirements for my child. _____

Parent signature

Chaperone Information

Two Chaperones are needed on all trips and are given a free bus and lift ticket. Rentals and lessons are available at group rates. You will be contacted a week in advance if you are going to chaperone. **Just signing up to chaperone does not mean you are needed** as many parents may have volunteered. If additional space is available and you want to go, contact the Recreation Department. You can go if space is available and you will get the same discounted prices as your child.

I, _____ wish to chaperone on the following dates and trips:

I would be skiing if I go _____ I would not be skiing if I go _____

Indicate any training or experience you could offer (i.e. 1st aid, CPR, EMT)

I agree not to hold the City of Stoughton or its employees liable for any personal injury, damage or loss of personal property suffered while volunteering in Parks and Recreation activities.

Name _____ Date _____

Date of Birth _____

I authorize the City of Stoughton to conduct a confidential check of criminal records before I am authorized to volunteer.

Name _____ Date _____

This is not a school-sponsored activity and the Stoughton Area School District does not provide support or endorsement of this program/activity. It has neither reviewed nor approved the program, personnel, or activities announced in this brochure/flyer. Permission to distribute this material must not be considered a recommendation or endorsement by the school district.