

STVM Ski/Snowboard Club
11th Annual New York Ski Trip!
Holiday Valley – January 16th-17th, 2020

Name: _____ Grade: _____

Please complete this form and return it with payment to Mr. Brownfield to register. This trip will SELL OUT, so register early to reserve your spot.

Registration Deadline: **Monday, December 9.**

The trip is open to all STVM students, but priority will be given to ski club members. ***Note that students who have never skied or snowboarded prior to this winter are not permitted to attend.*** Our ski club advisors will be chaperoning the trip. Parents interested in attending should contact Mr. Brownfield for details.

We have made arrangements with Holiday Valley to include everything needed in one low price. The cost includes all of the following:

- Charter Bus Transportation to Holiday Valley in Ellicottville, New York
- Dinner/Snacks/Bottled Water Provided on Bus
- Lift Ticket/Pass for 2 Days of Skiing or Snowboarding
- Overnight Hotel Accommodations at the Inn at Holiday Valley
- Three Full Meals: Dinner on Thursday Night, and Breakfast and Lunch on Friday (Meal Card Voucher)

Students should bring cash to pay for dinner on the ride home and for any additional purchases they make.

Cost Information:

- Because this is an overnight trip, rates are tied to lift tickets and hotel accommodations.
- **Student Rate (Four Students per Hotel Room) - \$160 per person**
- Rental Equipment, if Needed: **\$60** for Skis or Snowboards; **\$15** for Helmets
- For other rooming possibilities, please contact Mr. Brownfield for information.

Travel Information:

- Departure from STVM: 12:00 Noon on Thursday, January 16 (right after semester exams conclude)
- Return to STVM: Friday, January 17 around 9:00 p.m. (Records Day: students will not miss classes)
- Skiing Time: Nearly 14 hours on the slopes over the two-day period
- Other Amenities/Opportunities: Relax in the scenic lodge, enjoy hotel pool, ride the mountain coaster.
- For more information about Holiday Valley, visit their website at www.holidayvalley.com.

Please fill out this form based on your equipment needs. Because we will only be able to take one charter bus on this trip, space is limited to 50 participants. Reservations will be taken on a first-come, first-served basis, so please turn your payment in early! See you on the slopes!

Description	Price	✓ Here	Total \$
Individual Student in Shared Hotel Room	\$160		
Snowboard Rental	\$60		
Ski Rental	\$60		
Helmet Rental - Helmets are REQUIRED. Rent one if you don't have one.	\$15		
Hoodie: I'm not in ski club but would like to purchase a ski club hoodie. (Size:___)	\$30		
Total Amount of Money Enclosed:			

Roommate Requests: _____

(Roommate requests cannot be guaranteed and only will be considered if they are submitted on this form before the December 9 deadline. After that date, the hotel rooms are booked and we cannot make changes.)

Parent Signature: _____ Date: _____

My child has permission to attend the January 2020 trip to Holiday Valley in New York.

Please make checks payable to St. Vincent-St. Mary High School.

****Please turn this form over and fill out the permission slip on the back.** →**



ST. VINCENT-ST. MARY HIGH SCHOOL
 15 NORTH MAPLE STREET AKRON, OHIO 44303 330-253-9413

ST. VINCENT-ST. MARY HIGH SCHOOL PERMISSION SLIP

Student Name _____

Class or Organization: STVM Ski and Snowboard Club

Teacher Sponsor Signature Mrs. Grawmfield Date 9/11/2019

Objective/Purpose of Trip: Ski Club Overnight NY Trip

Location of Trip: Holiday Valley Ski Resort, Ellicottville, NY

Transportation Bus

Leave School: Date: 1/16/2020 Time: 12:00 Noon

Return To School Date: 1/17/2020 Time: 9:00 PM

I, _____, the parent/guardian of _____, have carefully considered the potential risk involved and give my consent for my child to participate in this activity or field trip. I also understand that participation in this activity is entirely voluntary and requires my child to abide by applicable rules and standards of conduct as determined by St. Vincent-St. Mary High School ("STVM"). I release and hold harmless STVM and all of its employees, agents, representatives, coaches, volunteers, related parties, or other organizations associated with the activity or field trip from any and all liability, actions, causes of action, debts, claims, negligence, or demands of any kind and nature whatsoever which may arise from or in connection with my child's participation in any activities related to this activity or field trip, including travel and transportation, which, in certain circumstances, may include international travel and transportation.

I have read and understand this form and agree to the above stated conditions.

Parent Signature _____ Date _____

Phone Number where Parent Can Be Reached During This Activity _____

PART ONE: To Grant Consent For Emergency Medical Treatment
 I hereby give consent for the following medical care providers & hospital to be called:

Physician _____ Phone # _____

Dentist _____ Phone # _____

Medical Specialist _____ Phone # _____

In case of an emergency involving my child, I understand every reasonable effort will be made to contact me. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist as selected by the adult leader in charge of this activity or field trip; and (2) the transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, as selected in number 1 above, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my child's medical history, including allergies, medications being taken, and any physical impairments to which a physician or dentist should be alerted are listed below (please provide additional information on the back if the requested information does not fit on the lines below):

Date _____ Signature of Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

PART TWO: Refusal to Consent
 I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____