

2019-20 STVM Ski/Snowboard Club

TO JOIN OUR CLUB – Complete ALL 3 Steps:

1. Pick and PURCHASE Your Ski Pass – Either Season Pass or Club Program Pass

If you choose “Club Pass,” purchase your Club Pass ONLINE at <http://bmbw.com/club-program>

Enter Club Login Name: *stvinstmary* and Password: *wish4snow*

2. Complete this STVM Club Registration FORM (Both Sides)

3. Submit this form with STVM CLUB FEE PAYMENT to Mr. Brownfield in Room 321

Name: _____ Grade: _____ Hoodie Size: _____

Parent’s E-Mail: _____ Student’s Cell #: _____

Equipment - Circle One: **Rent** **Own**

Type - Circle One: **Ski** **Board** **Snow Blade**

****REMINDER: All Ski Passes Will be Paid for Online. A Separate Check for the STVM Club Fee Must Be Turned in with this Form.****

All students who purchase a club pass through BMBW have optional rental equipment included at no extra charge. Students who already own skis can opt to try snowboards (and vice versa). Additionally, if a student forgets or breaks their own equipment, they are able to rent on a weekly basis at no additional charge.

Ski/Snowboard Club Members Get the Following Perks:

- 6+ Wednesday Ski Club Sessions with 5 Optional Lessons Available
- 4 Bonus \$10 Anytime Lift Tickets (not included for season pass-holders)
- Optional Rental Equipment for Each Ski Session (not included for season pass-holders)
- STVM Ski/Snowboard Club Hoodie
- Dinner and Snacks on Each Club Night
- 2 Bonus Evening Ski Trips: Snow Trails (Mansfield) and Peek’n Peak (NY)

Ski club nights are chaperoned by our advisors:

Mr. Robert Brownfield,
Faculty Advisor
Mrs. Filomena Krejsa,
Parent Advisor

Circle your membership option depending on your busing needs:

A. Ski Club w/ Busing: Most popular option. STVM bus transportation for 6 club nights plus the perks listed above.

BMBW Pass (Purchased Online): \$203.05

STVM Fee (Check Turned In to School): \$60

If you already have a Season or Pick-A-Day-Pass, only turn this form in with the STVM fee.

B. Ski Club without Busing: For students who will not ride the STVM bus and will provide their own transportation to and from BMBW. Includes the perks listed at the top.

BMBW Pass (Purchased Online): \$203.05

STVM Fee (Check Turned In to School): \$40

If you already have a Season or Pick-A-Day-Pass, only turn this form in with the STVM fee.

Ski Club Nights are WEDNESDAYS from 4-8 PM on the Following Dates: 1/8, 1/22, 1/29, 2/5, 2/12, 2/19

We depart from school at 3:15 and return at 8:30 PM. *Note: There is no ski club session during exam week.*

Bonus Ski Sessions – Tentative Dates (Subject to Change)

Snow Trails: **Monday**, February 3rd, 3:15 PM-10:30 PM • Peek’n Peak: **Friday**, March 6th, 3:15 PM-1:00 AM

****All students are required to wear a helmet to all Ski Club Sessions.**

Please purchase a ski/snowboard helmet to use this season if you do not have one already!**

Total Amount Enclosed: _____ Parent Signature: _____ Date _____

Make checks payable to St. Vincent-St. Mary. Preliminary Registration Deadline: Monday, November 4th, 2019.

If cost or payment deadline is a problem or burden, please contact Mr. Brownfield directly via e-mail. We can work out a payment plan to fit your budget.

We typically ask parents to assist us in providing the meal or snack for one of the evenings. Mr. Brownfield and Mrs. Krejsa will be contacting parents to create a schedule of dates for this. If you would like to set a donation up early, please e-mail rbrownfield@stvm.com. The students really appreciate all the food!

Please fill out the permission form and medical information on the back of this sheet.





ST. VINCENT-ST. MARY HIGH SCHOOL
 15 NORTH MAPLE STREET AKRON, OHIO 44305 330-253-9115

ST. VINCENT-ST. MARY HIGH SCHOOL PERMISSION SLIP

Student Name _____

Class or Organization: STVM Ski and Snowboard Club _____

Teacher Sponsor Signature Ms. Szwedfeld Date 9/11/2019

Objective/Purpose of Trip: Ski Club After-School Sessions

Location of Trip: Boston Mills/Brandywine; Snow Trails; Peek'n Peak

Transportation School Bus and/or Van

Leave School: Dates: 1/8, 1/22, 1/29, 2/5, 2/12, 2/19, 2/3*, 3/6** Time: 3:00 PM

Return To School Date: (Same as Above) Time: 8:30PM (**11PM and **1AM)

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 _____