ALLEGANY-LIMESTONE CENTRAL SCHOOL DISTRICT
FIELD TRIP PARENT/GUARDIAN CONSENT/MEDICAL INFORMATION

Dear Ski Club Parent/Guardian,

Your child's class has scheduled a field trip activity on Wednesdays from 1/8/25 – 3/5/25, skipping 2/19/25 for use of the bus (pass will still be valid, students will have to find their own transportation) to Holiday Valley Ski Resort.

The group will be leaving at 3:30 p.m. and plans to return at 9:00 p.m. on Wednesdays not including President's Week, but we will be traveling on Lunar New Year. This permission slip is for those getting a ride on the bus ONLY. Students who would like to ride the bus MUST ride to Holiday Valley on the bus but can get permission to have a parent pick them up with a hand written note.

Please sign and return the attached form by 11/15/24.

Sincerely,

Katherine Pierce

FIELD TRIP PARENTAL CONSENT

I hereby give permission for my child, _____
(child's full name-please print)
to participate in a school sponsored education field trip to Holiday Valley
I understand that my child will leave on 8 Wednesdays starting 1/8/25 and is expected to return on Wednesdays at 9:00 pm

MEDICAL INFORMATION

Name of family doctor _____

Doctor's phone number _____

Does your child have any food allergies? If so, please list below:_____

_____

Is your child taking any medication with him/her on the trip? _____

If so, what is it and who is expected to administer this medication? _____

_____

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately.

_____ _____ _____
(Name of Parent/Guardian-please print) (Telephone No.) (Date)

_____
Signature

Dear Ski Club Parent/ Guardian,

It's time to sign up for ski club! Holiday Valley sign- ups are all digital (link is on my website)! If your student plans on riding the bus as well, they will need the Ultimate Wednesday pass (with or without rentals depending on if you need them or not) The link for sign-ups as follows:

https://hv-hvnewyork.secure-cdn.na2.accessoticketing.com/embed/store.php?merchant_id=900962&emerchant_id=900901

This link is posted on my (Ms. Pierce- HS Science) school webpage as well if you'd like to just click on it.

Our individual code is: Username: MWALCS

Password: aalllime

Prices will go up November 1st, so please sign up soon!

Attached, please find a permission slip to ride the bus. Even if your child is not riding the bus, you need to fill out this form (not the permission slip). The cost to ride the bus will be $35 this season for 8 weeks. Our first ski club will be the Wednesday after Christmas Break. **This does not include the Wednesday over Presidents Day week**. The bus will leave Holiday Valley at 8:30pm and arrive back to school at 8:50pm. Please make checks out to Allegany- Limestone Central School. Students will be allowed to be picked up from Holiday with a written note given to one of the advisors earlier in the day. Students will NOT be allowed to be dropped off at Holiday Valley and then expect a ride home on the bus.

If you have any questions, please feel free to contact me or any of the other advisors.

Skier's name: _____ Skier's Grade: _____

Parent's name: _____

Parent Phone and email: _____

Please acknowledge the following applicable points:

- ☐ I understand that Holiday Valley is going digital this year and that sign ups for ski club will take place online and that prices increase 11/1/24.
- ☐ YES, my child will be riding the bus and I have attached a check for $35 as well as filled out the permission slip or
- ☐ NO, my child will NOT be riding the bus

Parent Signature: _____

Happy Skiing!

RELEASE OF LIABILITY AND ASSUMPTION OF RISK FOR PARTICIPATION IN ALLEGANY LIMESTONE CENTRAL SCHOOL DISTRICT SKI CLUB

In consideration of my/our child [_____]'s participation in the Allegany Limestone Central School District (the "District") Ski Club (the "Club") for the 2024-2025 school year, we/I, for ourselves/myself, as well as our/my heirs, executors and administrators, hereby release the District, its employees, officers, directors, agents, representatives and volunteers, from all claims and causes of action of any nature (including those based on negligence), arising from, or in any manner incident to, participation in the Club, and hereby agree that we/I will not initiate any legal action in any forum against the District, its employees, officers, directors, agents, representatives and volunteers in connection with such participation.

We/I understand that downhill skiing involves inherent risks, which may include serious injury or death, and that, by signing this document below, we/I hereby certify that we/I have undertaken whatever efforts that we/I deemed necessary to understand the nature of downhill skiing and the inherent risks associated with downhill skiing. We/I further certify that our/my child is a [circle one] *beginning/intermediate/advanced* skier, and that we/I understand that our/my child is required to limit him/herself to only those ski slopes that are appropriate for his her/skill and experience, and that we/I have undertaken whatever efforts we/I deemed appropriate to ensure that our/my child understands his/her responsibility in this regard. We/I understand that, by operation of this document, we/I agree to assume any and all of the risks and liability which arise during and/or are associated with [_____]'s participation in the Club. Accordingly, the supervision of Ski and Snowboard Club activities by the District is general in nature, and the Club advisor is not responsible for supervising or monitoring the manner or intensity of my/our child's activities in the Ski Club.

We/I authorize the District and its employees, officers, directors, agents, representatives and volunteers to provide or authorize provision of any medical treatment for [_____ that appears to be necessary as a result of [_____]'s participation in the Club, and we/I hereby release the District, its employees, officers, directors, agents, representatives and volunteers from any and all liability (including liability based on negligence) resulting from the provision or authorization of such medical treatment.

By our/my signature(s) below, we/I acknowledge that we/I have read, understand and agree to all of the terms of this document.

1.

_____ _____

_____

Name of Parent/Guardian Signature Date

_____

_____

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Name of Parent/Guardian Signature Date