



FAMILY LAST NAME: _____

**OLVCS SNOW SPORTS CLUB
PERMISSION/CONSENT**
(ONE COPY PER FAMILY)

CONSENT FOR PARTICIPATION OLVCS SNOW SPORTS CLUB PROGRAM:

This after school activity is sponsored by Tussey Mountain, not Our Lady of Victory Catholic School. Tussey Mountain is a large area and it would be impossible for chaperones to supervise each child at all times. While some OLVCS teachers, staff, and/or parents are present, these people are not responsible for instruction, patrolling, or for any incident or accident that may occur.

I hereby give my consent for my child(ren):

1. _____ 2. _____ 3. _____

To participate in the snowsports program. My child(ren) and I have read, understand, and agree to the OLVCS Snow Sports Club guidelines (www.olvcatholicschool.org/ski). I also understand that I must pick up my child at Tussey Mountain no later than 7:00 PM. Should I choose to leave my child at Tussey later than 7:00 PM, I fully understand that there will be no supervision by OLVCS staff or chaperones.

Parent/Guardian Name (PRINT)

Parent/Guardian (SIGNATURE)

Date

TUSSEY MOUNTAIN SNOW SPORTS PROGRAM PARENTAL PERMISSION FOR TREATMENT:

It is understood that in the final disposition of an emergency situation, the judgment of the authorities will prevail. In case of emergency, if I cannot be reached, I give my consent to allow my son/daughter to be treated by a medical professional or at a medical facility.

Parent/Guardian Name (PRINT)

Parent/Guardian (SIGNATURE)

Date