



108 Vernon Valley Road
 East Northport, NY 11731
 #261-7901

Youth Name: _____ DOB: _____ Phone: _____

Address: _____
(street address) (town) (zip code)

Grade: _____ Email Address: _____

Parent/Guardian Name: _____ Alt. Phone: _____

Emergency Contact Name: _____ Phone: _____

I give my permission for _____ to participate in the following program:

SKI TRIP TO Hunter Mountain- Saturday, January 26, 2019 from 5:00am – 8:00pm.
Drop off and pick up at YDA- 108 Vernon Valley Road, East Northport. X

SKI RENTAL: HEIGHT: _____ WEIGHT: _____ SHOE SIZE: _____ *SKILL LEVEL I II III		
SNOWBOARD RENTAL: HEIGHT: _____ WEIGHT: _____ SHOE SIZE: _____ **STANCE: Reg / Goofy		
HELMET RENTAL- <i>only if you are bringing your own equipment. Included in rental package.</i>	\$ 10	
BEGINNER PACKAGE- transportation, <i>lower mountain lift ticket only</i> , lesson, equipment rental/ helmet, food voucher.	\$160	
EXPERIENCED PACKAGE I- transportation, <i>all area lift ticket</i> & food voucher.	\$150	
EXPERIENCED PACKAGE II- transportation, <i>all area lift ticket</i> , equipment rental/helmet, food voucher.	\$165	

*For ski renters: Level I= beginner, Level II= intermediate, Level III= expert
 **For snowboard renters: Regular stance= left foot forward. Goofy stance= right foot forward.

I have enclosed full payment to YDA in the amount of \$ _____
 (Total from above)

- I understand:
- ❖ Participants must wear a helmet at all times. **NO EXCEPTIONS.**
 - ❖ The program will be supervised by YDA staff and volunteers.
 - ❖ My child will be transported by charter bus. My child is required to travel TO and FROM this activity using YDA transportation. NO EXCEPTIONS.
 - ❖ I am responsible for picking up my child *immediately* upon their return from the trip.
 - ❖ YDA does not provide any health/hospitalization insurance for my child.
 - ❖ I give permission for YDA to use trip and activity photos of my child in newspapers and other publications.
 - ❖ Refund Policy: Refunds will not be issued. NO EXCEPTIONS. Substitutions are prohibited.

Please list all allergies, medical conditions or special needs your child has: _____

Child's Medical Carrier: _____ Policy# _____

"In the event I cannot be reached in a medical emergency, I give YDA staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I release YDA staff, Board of Directors, volunteer chaperones, designated drivers and all funding sources from any liability or legal action. I understand and fully give the consent described above."

Signed: _____ Date: _____
Parent/Guardian Signature