

**NEW for 2020-**  
**This trip is for experienced**  
**skiers ONLY.**  
**NO beginners allowed.**  
**Thank you.**



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 Jiminy Peak- Saturday, January 25, 2020 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 II III		
SNOWBOARD RENTAL: HEIGHT: _____ WEIGHT: _____ SHOE SIZE: _____ **STANCE: Reg / Goofy		
HELMET RENTAL- <i>only if you are bringing your own equipment and do not have a helmet.</i> Included in rental package.	\$ 10	
EXPERIENCED PACKAGE w/o Rental- transportation, all area lift ticket & food voucher.	\$175	
EXPERIENCED PACKAGE w/Rental- transportation, all area lift ticket, equipment rental/helmet, food voucher.	\$215	

\*For ski renters: 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*