



# Lynch/van Otterloo YMCA Ragged Mountain Day Ski Trip 2012

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Parent/guardian#1 \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

Parent/guardian#2 \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

\_\_\_\_\_ Ski \_\_\_\_\_ Boarding

**Price:** \$90 per person/per day

**Renting equipment?** Prices per day: Skis- \$25 Snowboards- \$31 Helmets—\$15  
(please note helmets are required by all participants on these trips including adults.)

YOU must fill out the attached rental form for rentals.

## **Medical Release**

Does the skier have allergies? Allergy \_\_\_\_\_

on medication? Medication \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Subscriber \_\_\_\_\_

Medical Insurance Number: \_\_\_\_\_ Subscriber DOB \_\_\_\_\_

In case parents cannot be reached, emergency contact:

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

In the event of a medical emergency, every effort will be made to contact a parent/guardian or emergency contact of my child. In the event a parent/guardian cannot be reached, I hereby give the Marblehead/Swampscott YMCA permission to transport my child to the nearest medical facility or appropriate emergency medical treatment facility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Amount Paid (Skiers) \_\_\_\_\_ Amount Paid (Rentals) \_\_\_\_\_

Method of payment: check \_\_\_\_\_ cash \_\_\_\_\_

