

# YOUTH SNOW TRIP REGISTRATION

## Yosemite – Badger Pass and Camp Curry

*Please complete this form and mail or fax to Diocese of El Camino Real P.O. box 1903, Monterey, Ca 93942 ATTN: Susan Altig*

**PARTICIPANT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_

Birth date (if a minor): \_\_\_\_\_ School Grade: \_\_\_\_\_

Medical limitations: \_\_\_\_\_

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**PERMISSION TO PARTICPATE:**

\_\_\_\_\_ has my permission to participate in the diocesan snow trip. We have submitted the appropriate medical insurance and release forms.

\_\_\_\_\_  
*Guardian's Signature*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

**CODE OF CONDUCT:**

I agree to accept the directions of my youth advisor, observe program schedules, and follow instructions given by supervisors and chaperones. I promise that I will not drink alcoholic beverages, use any drugs other than those prescribed for medical reasons, or engage in sexual misconduct during this event. I understand that breaking this promise will result in my being asked to leave the event.

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

Please note: the above Code of Conduct applies to all participants, of all ages.

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Sat	Sun	List activities from activity sheet	price
Registration Fee: Includes lodging and 5 meals (Sat breakfast through Sun lunch)			<b>\$120</b>
<i>total</i>			

\*\*\*\*\* if there are not 20 people skiing/boarding on Sunday regular rates will be in effect \*\*\*\*\*

# BADGER PASS SKI AREA

FOR GROUPS OF 20 OR MORE

<u>WEEKEND LIFT TICKETS</u>	ADULTS	Youth	CHILD(7-12)	SENIORS (65+)
	\$33	\$27	\$13	\$33

<u>LESSONS</u>	\$20	\$20	\$20
(1 – 2 HOURS)			

## RENTAL EQUIPMENT (ALL DAY)

DOWNHILL	\$19	\$15	\$19
CROSS COUNTRY	\$13	\$10	\$13
SNOWBOARD	\$35	\$29.50	\$35

## GUARANTEED LEARN TO SKI/RIDE PACKAGE

Designed for the person who has never been on skis or snowboard before. This package includes a morning and afternoon group lesson, rental equipment, a Bruin chairlift ticket, and a guarantee to have you skiing or riding off the Bruin chairlift by the end of the first day. Cost is:

Skiing: Adult \$59.00 Child \$49.00 Snowboarding: Adult \$69.00 Child \$59.00

## BADGER PUPS SKI LESSON PACKAGE

The Badger Pups receive a lesson package with specially trained instructors, all day rental equipment, and a lift ticket for the Turtle rope tow and Bruin chairlift. Cost is:

Single lesson package	\$39
Double lesson package	\$59

## SNOW TUBING

\$11 per person for a 2 hour session      11:30-1:30 or 2:00-4:00

## ICE SKATING

At the Curry Village Ice Rink, conditions permitting, 2.5 hour sessions.

### *Sessions*

8:30am – 11:00am  
12:00pm – 2:30pm  
3:30pm – 6:00pm  
7:00pm – 9:30pm

### *Ice Rink Prices*

\$8 ADULTS (12 AND OVER)  
\$6 CHILDREN  
\$3 SKATE RENTAL

## PARENT/GUARDIAN PERMISSION SLIP

*This paper is to stay with sponsoring adult at all times*

I give permission for my child, \_\_\_\_\_  
to participate in the Diocesan Snow Trip to Sierra Summit and environs, February 2<sup>nd</sup>-4<sup>th</sup>, 2007.

I give my consent for a physician to provide medical or surgical care for my child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I, the undersigned guardian of \_\_\_\_\_, a minor, do hereby authorize the following person(s) \_\_\_\_\_ as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. Such diagnosis or treatment can be rendered at the office of said physical or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

My child is allergic to the following food and/or medication: \_\_\_\_\_

\_\_\_\_\_

and/or taking the following medication on a regular basis: \_\_\_\_\_

\_\_\_\_\_

(Mother) Home phone number: \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

(Father) Home phone number: \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

Emergency phone: \_\_\_\_\_ Child's SS# \_\_\_\_\_

Health/hospitalization Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Person to contact if we cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

*Parent/guardian's signature*

*date*

*Please note that the Social Security Number is optional, but is helpful if emergency room treatment is necessary.*