



St. Augustine Ski Club Plan Request & Permission Form

*Please complete this form and return with payment to the school office
by November 14, 2022*

#_____ **STUDENT PLAN B, PAY AS YOU SKI** \$35

#_____ **PARENT PASS** \$35

Student Name(s):

Parent name(s):

I hereby give my permission for my child(ren) _____

to accompany the St. Augustine School Ski Club at Timber Ridge Ski area on Wednesday evenings this winter.
It is understood by me in signing this request, I acknowledge the following things to be true:

1. Supervision or coordination of supervision with other parents of my child is my responsibility.
2. That if my child holds insurance purchased by the parents from the school, he is covered under this policy.
3. That if my child is not covered by insurance purchased by me from the school, I assume the responsibility for his/her insurance coverage.
4. I hereby authorize the bearer of this ski club permission form to act in my place and authorize emergency medical treatment.

Parent Signature: _____ Date: _____

Parent Name (print) _____

Address _____

Zip Code _____ Phone _____ E-mail _____

Dr.'s Name _____ Phone _____

SIGNIFICANT MEDICAL PROBLEMS _____

- _____ Insurance purchased from school
_____ Covered by family insurance not purchased from school
_____ Not covered by insurance

