

Tri-City Christian Academy

ATHLETIC PARTICIPATION AUTHORIZATION

SNOWBOARDING/SKI PROGRAM

Student _____ D.O.B. ___/___/___ Age ___ Grade _____

Address _____

Parents _____

Address (if different than above) _____

Contact Information: (If any, please designate preferred means of contact)

Telephone Number(s): Home# ___-___-___ Work# ___-___-___ Txt/Cell# ___-___-___

*Email-please
print _____

EMERGENCY CONTACT INFORMATION:

<u>Name</u>	<u>Relationship To Student Athlete</u>	<u>Tel. #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician _____ Tel. # () _____

HEALTH RELATED ISSUES/ALLERGIES:

Medications _____

Insurance Company _____ Policy # _____

I hereby authorize my son/daughter, _____, to participate in the Snowboarding/Skiing program conducted by Tri-City Christian Academy. If in the course of my child's involvement in the program, (she/he sustains an injury or injuries, I further authorize Tri-City Christian Academy, including all agents acting at its direction, to summon medical services for the treatment of said injury(ies).

SIGNED: _____

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PROGRAM FEE SCHEDULE FOR STUDENT:

- Season Pass: Lift & Lesson (midweek only with blackout dates) \$169.00
- Season Pass: Lift & Lesson (prime-no black-out dates) \$299.00
- Helmets Rentals (**Helmets are Required**): \$12.00
- TRANSPORTATION FEE: (Payable to TCCA) \$25.00
- Late fee(forms/monies after November 25, 2019) \$25.00
- Bonus days rental/helmet (payable to TCCA) \$60.00 (approximate at this time)

Program Information

First Timer

Beginner

Intermediate

Advanced

Ski: _____

Snowboard: _____

FEE SCHEDULE FOR CHAPERONE:

Skiing and your level _____ Snowboarding and your level _____

Please put the dates you plan on attending? _____

- Lift: Flex pass: \$29 and then 1/2 price ticket weekly (at the mountain)

All payments are due online to www.gunstock.com/outreach (If using RFID from last year register it first.)

Signature of Parent/Legal Guardian hereby asserts his/her acknowledgment and agreement to the participation of his/her child in the specified athletic program, payment of the transportation fee of \$25.00, and medical treatment authorization.

Signature: _____

THANK YOU FOR YOUR CONTINUED INVOLVEMENT, INTEREST AND SUPPORT OF OUR ATHLETIC PROGRAMS!