

High School Participation and Release Form

EUGNE AREA HS Alpine Ski Club

Student Information

Student Name _____ Current High School _____

Student address _____ Grade _____ Student ID# _____

Date of Birth _____ Female Male (circle) Year of Graduation _____

(For coach contact) Student cell phone _____ Student E-Mail _____

Name of parent(s), guardians(s), other _____

Cell/Home# _____ Cell/Home# _____

Medical Information

Physician's Name _____ Phone # _____

Please list all current and past allergies/medications/medical conditions:

Past _____

Current _____

Emergency Contact (if different than above)

Name _____ Relationship _____ Cell or Phone# _____

Name _____ Relationship _____ Cell or Phone# _____

Health Insurance Information- Health insurance is required to participate in the SE Alpine Ski Club.

Name of Insurance Carrier _____ ID or Group# _____

Recognizing that as a result of participation, medical treatment on an emergency basis may be necessary and that coach, assistant coach, official, advisor, parent volunteer or ski patrol may be unable to contact me for my consent for such emergency medical care, I do hereby consent in advance to such emergency care, including hospital care as may be deemed necessary under existing circumstances. I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a coach, parent volunteer, medical professional or ski patrol.

I, parent or guardian of above mentioned high school student, consent to he/she being a member of the SE Alpine Ski Club, and taking part in any conditioning, dryland and on snow training, race camps, ski races and vehicle transportation to and from such events involving the club. I know that all of these activities carry significant risks of injury or death. I know serious injury or death could result from accidents while skiing, vehicle transportation, training or conditioning. For myself and the above named student, I agree to voluntarily assume these risks of injury or death. I hereby release and agree to indemnify SE Alpine Ski Club, coaches, parent volunteers, advisors, drivers, ski camp organizers, Oregon School Ski Association, Boy Scouts of America, 4J School Dist., Marist HS, ski area operators, and the agents, employees and principals of any of the aforementioned from claims for liability or damages for personal injury or death to the above mentioned student arising out of the above mentioned activities.

Name _____ Relationship _____

Signature _____ Date _____

Student Signature _____ Date _____