



Waterville Valley Resort

NEW HAMPSHIRE





Waterbury Valley
LOVE IT.



HAMPTON SKI & RIDE

PERSONAL INFORMATION & MEDICAL HISTORY

Name of Participant: _____

Insurance Name and Policy# _____ **Group #** _____

Date of Birth: / / **Age:** **Height:** **Weight:** _____

Parent Name(s): _____

Home Phone: _____ **Cell Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Additional Adults to contact in case parents are not available:

Name: _____ **Relationship to Participant:** _____

Home Phone: _____ **Work Phone:** _____

Name: _____ **Relationship to Participant:** _____

In the event of an injury or illness, I give my child _____, permission to be treated by a health care professional.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

Date



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HAMPTON SKI & RIDE

Behavioral Contract

Name of Participant: _____

Name (s) of Participant(s)/Legal Guardian: _____

Parent/Legal Guardian: Please read AND sign the following Behavioral Ski & Ride Contract. THIS CONTRACT IS IMPORTANT! **Please remember that your child cannot participate in the Ski Trip without a signed Behavioral Contract read/sign and submitted to the Hampton Recreation Department.**

We acknowledge that all Ski and Ride members must act in a manner consistent with the philosophy of the Hampton Recreation Ski & Ride group. The focus of the ski trip is on recreation and physical activity. As such, respect for oneself and all other ski & ride members and adult chaperones are critical and essential.

Should my child violate any of the rules listed I expect to be asked to travel to Waterville Valley to withdraw my child from the group. If requested, I will immediately and willingly comply with such a request. My child will be required to remain in the lodge and not permitted to ski. I understand that any and all inconveniences, hardships, financial and other costs incurred as a result of such action requested by the Hampton Rec. Ski & Ride/Waterville Valley are to be borne directly & entirely by me.

In addition to all other possible reasons for dismissal from our group, each of the following violations will be held to a zero tolerance policy.

1. Failure to adhere to policies of the Group at all times.
2. Possession, smoking or other use of tobacco products.
3. Possession or use of alcohol.
4. Possession or use of any drug.
5. Any behavior that the ski & ride staff deems a threat to personal safety of themselves or to the safety of other member or citizen or guest..
6. Any recognized attempt (successful or otherwise) to willfully damage any fellow member/staff property, property of bus, lodge or ski resort upon whose facilities we are permitted during the ski& ride trip or whose equipment we use during the ski & ride trip.

I certify that my child and I have received and have read and reviewed the Ski and Ride Behavioral Rules of Conduct and Responsibility. I further certify that my child and I acknowledge our understanding of the rules and our pledge to adhere to them.

Parent/Guardian Name (Print or Type)	Signature of Parent/Guardian	Date
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Ski & Ride Participant (Print or Type)	Signature of Participant	Date
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2014 HAMPTON RECREATION SKI & RIDE PROGRAM

Grades 6-8 and WHS students welcome: Ski Sundays for five weeks at **Waterville Valley, NH.**

PROGRAM DETAILS: Sunday ski program **begins January 12, 2014** and runs January 26th, Feb 2nd, 9th and 16th. The bus leaves from the old Town Office parking lot promptly at 7am and returns to Hampton around 6pm.

Lessons: Waterville offers lessons for beginning skiers/riders to the more advanced skiers/riders as well as those interested in learning how to ski/ride.

Bus Transportation: We travel by Motor Coach due to the length of the ride to the mountain. The Coach buses are equipped with a bathroom, comfortable seats and televisions. No participant may wear ski boots on the bus. All equipment will be stored underneath the bus.

Cancellations: In the event that Hampton Rec. has to cancel a Sunday, we will add it on to the end of the session. **All cancellation notifications will be made on our Facebook page so please make sure you can see our Facebook posts.**

Cost: Please make your checks payable to the Hampton Recreation Department upon registration.

Lift ticket and transportation	\$290.00
Lift ticket, rental and transportation	\$395.00
Lift ticket, lessons and transportation	\$385.00
Lift ticket, rental, lessons and transportation	\$500.00

Ski & Ride Policies:

- Hampton residents receive first priority.
- Release forms must be signed and returned with payment in order to be considered registered.
- **No REFUNDS will be given once the program begins.**
- If renting equipment, a Rental Agreement Form must be filled out.
- **No smoking, drinking, or drug use at any time.**
- Real or toy weapons of any kind are forbidden.
- **If we have discipline issues with a participant, the Hampton Recreation and Parks Department has the right to deny the individual participation in the Ski Program. No refunds will be given.**
- The Rec. Department's responsibility ends when the bus returns. Please pick up your child promptly.
- Please dress according to the weather or in layers.
- If for some reason the bus will be late returning to the Town Offices, phone calls will be made. Please alert other parents of the situation, if it arises.
- **Registration begins Monday, November 4th, 2013. Space is limited!** The deadline to register is December 13th, 2013 or when program fills, whichever comes first. **There will be a late fee of \$20, if space permits, and you register after December 13th, 2013.**
- **HELMETS ARE REQUIRED!** Skiing or snowboarding without a helmet on at any time shall be cause for suspension from future participation in the Ski & Ride Program.

Your child must travel to and from the mountain with the entire group, there will be NO EXCEPTIONS!

By signing below you are agreeing that: I/We have read and understand the rules stated above and agree to the terms as written.

Participant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Hampton Recreation and Parks Department

100 Winnacunnet Road

Hampton, NH 03842

Tel: 603-926-3932 Fax: 603-926-6768

Parent/Legal Guardian

E-mail Address

Name of Participant

Age

Date of Birth

Grade

Address

Town

State

Zip Code

Work Phone

Home Phone

Cell Phone

Emergency Contact _____

Name/Relationship

Phone

Please list any medical conditions we should be aware of _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named below to participate in the Hampton Recreation and Parks Department programs, I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the HAMPTON RECREATION AND PARKS DEPARTMENT, its agents and employee or otherwise while the named participant participates in its programs.

I/we further agree to indemnify the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to HAMPTON RECREATION AND PARKS DEPARTMENT that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we, the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

I/we understand that the Department frequently takes photographs of its activities and participants during the course of the Department's activities. I hereby give permission to the Department to take such photographs of the above Participant and to use these photographs in the Department's publicity.

Signature

Date