

2010
GET OUT AND PLAY
WINTER SPORTS PROGRAM
1ST – 5TH Grade

Park City
Mountain Resort
REGISTRATION
PACKET

REGISTRATION DEADLINE
November 13, 2009
Scholarship deadline Oct 23rd, 2009
(see scholarship application)

REGISTRATION CHECKLIST
(Please make sure all 4 forms are completed and signed)

- Registration Form
- Parent/Student Commitment Agreement
- Program Volunteer Sign Up Form
- Park City Resort Liability Release
- Check payable to MPES PTO or Cash

2009 GET OUT AND PLAY WINTER SPORTS PROGRAM INFORMATION

It's back to the Park City this year. We've got new programs. For those of you who want a more challenging program, an All Mountain Experience, A Free Ride Group and a Learn to Telemark groups will be available this year. Registrants for the **All Mountain Experience** will be tested the first day for ability. This group will ski/board more challenging terrain with a certified instructor. **The Free Ride Group** will focus solely on the Terrain Park. **HELMETS REQUIRED!** **The Telemark Group** will learn the basics of Telemark Skiing. Equipment will be available for rental at White Pine Touring.

Lessons will begin on Friday, January 8th and run for 5 consecutive Fridays until February 5th. The program runs from immediately after school to 4:30 pm. The busses will pick students up at the school at 12:45. Students will be grouped with their instructors and skiing by 1:30. The lesson will be approximately 2 1/2 hours. Students will be done at 4:00 and return to the school by 4:30. There will be a pizza party the last day of the program.

AS A RESORT REQUIREMENT, EVERYONE HAS TO RIDE THE BUS TO AND FROM THE RESORT.

Students must provide their own equipment and must come to school with ALL of their equipment each Friday. Skis and poles are to be left outside the classroom. All other gear may be stored inside the classroom. School buses will not allow equipment on the buses, so parents are responsible for getting the gear to school on Fridays.

Students will Gear Up in the hallway by the 3rd grade classrooms from 12:30-12:45.

Students will not be allowed to take anything other than ski equipment on the ski bus. Backpacks, shoes, etc. must remain at the school, outside of the classroom. (Classroom doors may be locked upon return to school at 4:30)

Snacks will be provided. Please do not send students with snacks for bus ride.

All students will be given an identification badge to be worn at ALL times during the program. These badges will be given out every Friday by Gear-Up Volunteers and picked up again by Bus Chaperones as students board the bus to return to MPES. **Students are NOT to keep the ID bands. They must be given back at the end of the day. If you child comes home with a band, please contact the program coordinators.**

Please make sure ALL equipment is working properly. We are unable to make any adjustments. Your child will lose a ski day due to any faulty or ill-fitting equipment.

Volunteers are needed at school and at the resort. A volunteer sheet is enclosed with this packet. **We cannot run this program without a sufficient number of volunteers!**

REQUIRED ITEMS:

1. HELMET (Not required but highly recommended)
2. COAT/JACKET/SNOW PANTS OR SNOWSUIT MUST BE WATER RESISTANT, NO JEANS!!
3. Canyons Season Pass or a Day Pass provided with your ID badge every Friday
4. Gloves/Mittens/Goggles/Sunglasses MUST BE WATER RESISTANT
5. Skis and boots (poles optional and determined by ability and instructor), snowboard and boots
6. SUNSCREEN AND LIP BALM

Please label all of your child's belongings. If an item is found with a name on it, it will get back to you!

If you have any questions, please contact: **Shirin Spangenberg** (Program Coordinator) 645-7696 or Shirin@CurbItRecycling.com

**GET OUT AND PLAY WINTER SPORTS PROGRAM
PARK CITY MOUNTAIN RESORT
REGISTRATION FORM**

Please fill out all forms completely and NEATLY. Any illegible forms will be returned.

Student Name _____ Grade _____ Teacher _____
(FIRST) (LAST)

Parent(s) Name(s) _____

Home Address _____

Home Phone _____ Cell Phone(s) _____
(PRIMARY) (SECONDARY)

Parent Phone Contact During Program Hours (1:00 – 4:30): _____
(In the event that parent must be contacted during the program. Parent must be available at this number)

Email Address _____
(This will be our main form of communication regarding important information related to the program)

Additional Emergency Contact:

_____ Relation to Student _____ Phone _____

Lesson Choice: (Check One) SKI SNOWBOARD
 ALL MOUNTAIN EXPERIENCE* FREE RIDE
(Level Test on first day of lessons)

Ability Level _____ (See attached sheet)

Payment Information:

Please make checks payable to: MPES PTO (Note: Get Out & Play Program in Memo)

Cost:

Canyons Ski & Snowboard Lesson Program **WITH** a season pass \$120.00
Canyons Ski & Snowboard Lesson Program **WITHOUT** a season pass \$150.00

Select One: Student DOES DOES NOT have a season pass to PCMR

Form of payment: Check # _____ Cash _____

Amount of Payment _____ Scholarship _____
(One check can be written for multiple registrants) (Please use checkmark if applying for scholarship. Registration due by 10/23/09)

Parent Signature _____ Date _____

➔ Please return this form with payment ←

PARENT/STUDENT COMMITMENT AGREEMENT

PARENT RESPONSIBILITIES

(Please initial each item)

As the parent of a participating MPES Ski Program student, I agree to the following:

- To make sure ALL equipment is working properly. **Your child will lose a ski day due to any faulty or ill-fitting equipment.**
- To ensure that ALL equipment is at the school and outside child's classroom no later than 12:00 pm on the ski days.
- To be at the school by 4:30 to pick up my child.
- Applicable to Season Pass Holders only: I agree to obtain my child's season pass prior to the start of lessons. **Any children who registered as a season pass holder, but do not bring their pass, will not be able to participate that day.**
- To be available at the Emergency Contact Number listed on the registration form from 12:00 – 4:30. I realize that this is essential for the safety and well-being of my in the event of an emergency.
- I understand that there will be no refunds after Jan 1st, 2010.

STUDENT RESPONSIBILITIES

(Please read over this with your child and have them initial each item)

As a student participating in the MPES Ski Program, I agree to the following:

- To follow the code of conduct of MPES and PCMR. **If the code of conduct is not followed, skiing privileges will be revoked for the day.**
- There will be no spitting, swearing, yelling, pushing or disrespectful behavior on the bus, at the resort, or at any time during the duration of the program.
- If my ski privileges are taken away on two (2) separate occasions, I understand that I will be expelled from the program without refund.
- Any violent behavior will result in immediate expulsion from the program without refund.
- If your child is a level one and miss the first day or 2 missed lessons will result in the termination of my participation without refund.

I UNDERSTAND THAT FAILURE TO MEET THESE OBLIGATIONS AS STATED ABOVE MAY RESULT IN THE TERMINATION OF ENROLLMENT IN THE MPES SKI PROGRAM WITHOUT REFUND.

Parent/Guardian Signature

Date

Student Signature

Date

➔ Please return this form with payment ←

VOLUNTEER SIGN-UP

The success of this program depends largely on the number of parent volunteers that we get. The more volunteers, the faster we get our kids up on the mountain! We cannot make this program work without our parents help!

Please plan to help with at least one of the categories below.

(Please do not cut)

GEAR - UP

These volunteers will assist any students who need help getting gear on, assure that all students have their ID badges on and have all equipment ready before loading onto the bus. Time commitment for gear-up is 30-45 minutes. Gear-Up Volunteers should report to the MPES Front Lobby **no later than 12:15** to get their assignments. All UOP participants will go to the **3rd Grade Hallway** immediately after school for gear up.

Volunteer's Name _____

Child(ren)'s Name(s) _____ Grade(s) _____

Phone Number (Home) _____ Cell Number _____

Email address _____

(If you list an e-mail address, please make sure to check your e-mails weekly during the program)

Check to indicate the date(s) that you will be available to help:

(You will be contacted prior to the start of the program to verify your availability)

Jan 9

Jan 16

Jan 23

Jan 30

Feb 6

Have you volunteered for GEAR - UP in past years? _____

(Please do not cut)

BUS CHAPERONE

These volunteers will be responsible for loading and unloading of students and their equipment on the buses at MPES and at Park City Mountain Resort. They will ride to and from the resort on the bus. Chaperones will be given a complimentary day pass to ski with the kids on the day that they chaperone. Chaperones should report to the MPES front lobby **no later than 12:30** to get the kids ticketed and dressed.

Volunteer's Name _____

Child(ren)'s Name(s) _____ Grade(s) _____

Phone Number (Home) _____ Cell Number _____

Email address _____

(If you list an e-mail address, please make sure to check your e-mails weekly during the program)

Are you a Canyons Season Pass Holder? Yes _____ No _____

Check to indicate preferred date(s):

(This is listing your availability only. You will be contacted prior to the start of the program to verify your dates.)

Jan 8

Jan 15

Jan 22

Jan 29

Feb 5

Have you volunteered for Bus Chaperone in past years? _____

Thanks in advance!

Volunteer questions? **Shirin Spangenberg 645-7696 shirin@CurbItRecycling.com**

➔ Please return this form with payment ➔

SKI AND SNOWBOARD SCHOOL

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A BINDING LEGAL AGREEMENT - READ IT CAREFULLY!!! THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE PERPETUALLY BINDING ON THE PURCHASER AND ARE NOT LIMITED TO THE SEASON IN WHICH THIS AGREEMENT IS SIGNED.

I, the undersigned, being at least 21 years of age, hereby represent that I am the parent or legal guardian of (*Name of Child*) _____ Birth Date: _____ (hereinafter "the Child") and desire to enroll the Child in the ski/snowboard programs offered by Park City Mountain Resort (hereinafter "resort"). I understand and voluntarily ACKNOWLEDGE that the sports of skiing and snowboarding are recreational activities that involve inherent and other risks of INJURY and DEATH. I understand and ACKNOWLEDGE that injuries are a common and ordinary occurrence of these sports. I agree and understand that this is a purely voluntary, recreational activity and that if I am not willing to acknowledge the risks, I should not enroll the Child. _____ Initials

I am aware that the Child may RIDE LIFTS alone, with other children or adults. I am also aware that there are risks of injury including falling from the lift and loading and unloading. I attest that the Child is physically and emotionally able to ride the various lifts at Park City Mountain Resort. _____ Initials

I acknowledge and understand that some, but not necessarily all of the risks are the following:

- Variations in steepness and configuration of the trails or other terrain features
 - Variations in the surface upon which skiing or snowboarding is conducted, which can vary from wet, slushy conditions to hard-packed, icy conditions and everything in between
 - Fences, pads and/or barriers at or along portions of the area, or the absence of such fences, pads and/or barriers, and the inability of fences, pads and/or barriers to prevent or reduce injury
 - Changes in the speed of travel depending on surface conditions and the weight of equipment and the Child
 - Collisions between children, between a child and another patron, between a child and an employee and other sorts of collisions, collisions with fixed objects, obstacles or structures
 - The use of the lift or tow, including falling, coasting backwards, and becoming entangled with equipment
 - Other risks
- _____ Initials

I further authorize anyone working at Park City Mountain Resort and/or the Ski & Snowboard School to arrange for medical care for the Child or to transport the Child to the Park City Medical Clinic if, in the opinion of anyone working at the Park City Mountain Resort, medical attention is needed for the Child. The undersigned agrees that upon the transportation of the Child to any medical facility, clinic, or hospital that the responsibility of Park City Mountain Resort shall be end and Park City Mountain Resort shall not have any further responsibility for the Child. The undersigned hereby agrees to forever **RELEASE, DEFEND, INDEMNIFY** and **HOLD HARMLESS** the resort from any and all liability resulting from claims or lawsuits relating to the provision of medical care to the Child including any costs of transportation and provision of medical care. _____ Initials

I have read and understand the foregoing Acknowledgment of Risks and am voluntarily signing below, intending to be legally bound. By signing on behalf of a minor child, I represent and warrant that I am doing so with the consent and approval of my spouse (if any) and I understand that I am acknowledging the risks to my child.

Signature of Parent or Guardian: _____ Date: _____

Home Address: _____

Emergency phone number during program hours: _____

PLEASE LIST ANY LIFE THREATENING CONDITIONS:

Allergies: _____

Medications (must be administered by parent): _____

Other health problems or special needs: _____

Program Name _____