

GET OUT AND PLAY, WINTER PROGRAM Scholarship Application

Full scholarships will include at no cost lessons, lift pass, equipment and clothing if needed. **Application deadline is January 29, 2010.** No late applications will be accepted. Scholarships will be awarded by need. Applicants will be notified and asked to pick up packets at front desk. REQUIRED ITEMS:

1. Helmet (Not required)
2. Waterproof Jacket and Pants
3. Waterproof Gloves and Goggles
4. Thick socks, under layers
5. Skis and boots/ snowboard & boots
6. Sunscreen and lip balm

I agree to commitment to: (Please check)

- I agree to sign and return all forms required by **Friday, January 29, 2010.**
- I agree to pay the \$25.00 commitment fee to McPolin PTO. Payment plans available.
- My child will fully participate in the program. If my child does not attend the lessons regularly, I understand that we will not be eligible for a scholarship the following year.
- I will make sure that my child has his/her rental equipment at school each Friday.
- I will make sure my child has the appropriate clothing on program days. Please list any items needed for program:
- I will pick up my child each Friday at front of school.

The undersigned hereby agrees to forever release, defend, indemnify and hold harmless the resort, elementary school, Youth WinterSports Alliance and its affiliates, organizers, volunteers, and all those involved in the program 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.

I have read and understand the aforementioned acknowledgment. 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.

Student's Name: _____ Grade: _____ Teacher: _____

Program Interest: (Please select one) White Pine Touring Utah Olympic Park (Intermediate Skier)

Print Parent or Guardian Name: _____

Signature of Parent or Guardian: _____ Date: _____

Home Address: _____

Home Phone Number: Other Number(s): _____

If a full scholarship is not available, I would be financially able to pay the following. \$ _____

(we may be able to share scholarships)

