

**REGISTRATION FOR 3 DAY/3 NIGHT SKI & SNOWBOARD TRIP
2019 MONT TREMBLANT, QUEBEC, CANADA**

(Depart: Thursday February 28, 2019 at 6:00p.m. Return: Sunday, March 3, 2019 approx. 11:00 pm)

Name _____ Age _____ Grade _____
Last First

Street Address _____ City & Zip Code _____

Student's Cell _____ Emergency Phone _____

I give permission for my child to accompany the Dearborn Heights Ski & Snowboard Club to Mont Tremblant, Quebec, Canada. Because of the nature of skiing and snowboarding, I will not hold the City of Dearborn Heights and its employees, the schools, chaperones, program volunteers or trip director responsible for any injuries sustained by my child and/or damage or loss of equipment/personal items during this ski and snowboard trip. In the event of injury, I hereby give consent for emergency treatment and/or hospitalization for the student whose name is listed on this form. I also give my permission to the Parks & Recreation Department to use photos taken of my child on this trip in future Department Publications and Brochures and on the Department's social media sites and City website.

(Any medical information or health concerns such as allergies etc...)

Health Insurance Company: _____

ID Number: _____ Group Number: _____

Email: _____

(Signature of Parent/Guardian)

STUDENT CONTRACT

No smoking (*including electronic cigarettes*) and no drugs (*including marijuana*) and no use of alcoholic beverages are allowed, this includes transporting these substances in my luggage. I am aware that customs may use drug sniffing canines to detect these substances. I know I have to be in my assigned room at 11:00 p.m. and after. I have read, understand and agree to follow the rules of conduct listed above and if I violate this contract I am aware that my parents will be required to pick me up from our current location.

(Signature of Student)

I would like to room with:

ROOM ASSIGNMENTS ARE NOT GUARANTEED. Return this form to the Canfield Community Center, MON. - THURS., between 8:00 a.m. and 5:00 p.m. with a **minimum deposit of \$100.00.**

Amount enclosed: _____ Date _____

(Cash, Visa/Master Card/Discover Card or Check payable to City of Dearborn Heights)