St. Paul Ski Club
Wally Wakefield Learn to Jump Camp (Dec. 27, 2024)
Registration and Waiver Form

BRING THIS FORM AND PAYMENT WITH YOU ON THE FIRST DAY OF CAMP

Last Name **First Name** **Age** **Sex** **Skiing Experience**

_____

_____

_____

_____

$30.00 per skier registration fee for the training camp: $30.00 X ___ Skiers = _____ TOTAL

**** St Paul Ski Club has limited equipment for use, if needed please advise ****

**** skis, ski boots and helmets will be required ****

HOLD HARMLESS & IMDEMNITY

Athlete and/or parent(s) acknowledge jumping may cause minor or serious injury and hereby agree to ASSUME THE RISK of injury. Athlete and/or parent agree and covenant to hold harmless and indemnify the St. Paul Education Foundation and the St. Paul Ski Club, their successors, assigns, Board of Trustees, officers, employees, coaches and agents, all collectively referred to as Foundation, from any and all losses and costs, including attorney's fees incurred by the Foundation because of injury or loss to the athlete or parent and claims or suits brought by or on behalf of the athlete or parent(s) against any indemnities, or Foundation, arising out of the athlete's participation in the described skiing program, or any other program or function offered by the Foundation.

MEDICAL RELEASE

In the event that a parent cannot be reached, parent hereby authorizes the Foundation and/or its named coaches to secure any hospital, medical, dental or surgical care, treatment and/or procedure for the athlete. The parent also authorizes that in the event of injury to the athlete, the Foundation and/or its named coaches can sign for athlete to receive care, treatment and/or procedures, under the instructions and direction of the licensed physicians on call at the emergency room of a hospital or emergency facility. The Foundation shall notify parent at the earliest possible time during or after such care. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedure to encourage the physicians and the Foundation and/or its named coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedure. Parent specifically indemnifies and holds harmless the Foundation and/or its named coaches from any and all costs arising out of such care, treatment and/or procedures.

_____ _____

parent/guardian signature (if under 18 years of age) Date

Parent(s) Address _____

Phone_____Cell_____Work_____

E-mail address_____

Emergency contact number

Name of person _____

Relationship to athlete _____

Home Phone _____Cell Phone_____Work Phone_____