

**MY CHILD WILL BE:  
(PLEASE CHECK ONE)**

**LAST NAME:** \_\_\_\_\_

**(Please Print Clearly)**

\_\_\_\_\_ **SKIING**

\_\_\_\_\_ **SNOWBOARDING**

**CITY OF ST. CLAIR SHORES  
DEPARTMENT OF PARKS AND RECREATION  
SKI & SNOWBOARD CLUB**

Name of Minor (Member/Student) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name and Address of Parents and/or Guardian \_\_\_\_\_

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**E-MAIL Address:** \_\_\_\_\_

**(Please Print Clearly)**

**Cell Phone #'s of Parents & student for GroupMe App:** \_\_\_\_\_

**(Please Print Clearly)**

**EMERGENCY CONTACTS**

In the event of an emergency, and if parents cannot be contacted at the above home phone number, the following persons may be contacted:

Evening Trips: Name \_\_\_\_\_ Phone \_\_\_\_\_

Day Trips: Name \_\_\_\_\_ Phone \_\_\_\_\_

Extra Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**HOSPITALIZATION INSURANCE DATE**

Police Holder's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Hospitalization Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Contract Number \_\_\_\_\_

Birth Date of Minor \_\_\_\_\_

**NOTE ALLERGIES OR OTHER SPECIAL CONDITIONS OF MINOR:** \_\_\_\_\_

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**AUTHORIZATION/CONSENT FOR TREATMENT OF MINOR**

I (we), the undersigned, parent(s)/legal guardian(s) of the above-named minor, do hereby consent that an ADULT JUNIOR SKI CLUB REPRESENTATIVE, at his/her sole discretion, may authorize any care, including diagnostic procedures and medical treatment as may be in his/her judgment deemed necessary or beneficial for said minor. Such authorization shall include, but not be limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service. Further, such representative shall have the authorization to select the medical facility, including a hospital or medical-related clinic or doctor's office or similar location, where such treatment or other medical activity is to take place. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is intended to encourage a physician and all medical personnel to exercise their best judgment with regard to any such diagnosis and treatment.

This consent/authorization shall be effective whenever said minor is in the care, custody, and/or control of the Ski Club and/or is participating in any St. Clair Shores Department of Parks and Recreation and Ski Club sponsored event, trip or activity in which the undersigned is not present. Further, this consent/authorization shall remain effective unless the undersigned has revoked it in writing and delivered it to the City of St. Clair Shores, Department of Parks & Recreation, 20000 Stephens Drive, St. Clair Shores, Michigan 48080. No changes, additions, or deletions shall be made to this form or shall be deemed acceptable as varying any terms of the consent/authorization.

**RELEASE OF RESPONSIBILITY/HOLD HARMLESS**

I (we), the undersigned, as the minor/member, and as parents or legal guardians acting on behalf of ourselves and the minor's parents, do hereby acknowledge that I (we) and our member/participating child(ren)/ward(s) have and are assuming all risk of any kind associated with Ski Club participation and membership including but not limited to, transportation to and from any club events, all skiing and ski instruction, personal injury and property damage, the propriety of medically-oriented decision-making and treatment or the lack thereof, etc. As such, I (we), the undersigned, as the Ski Club member or the minor/member, and as parents or legal guardians acting on behalf of ourselves and the minor's parents, do hereby release and hold harmless from all liability of any kind the City of St. Clair Shores and the Ski Club as well as their families. Such release/hold harmless shall extend to and include, but not be limited to, the following examples of claims and liability: any loss, damage and/or injury, whether to person or property, arising out of or related in any way to a member's participation or presence at a Ski Club or St. Clair Shores sponsored event, activity or trip, and to the propriety of decision-making for medical treatment or lack of medical treatment that such a minor may or may not have received at the discretion of an adult Ski Club representative.

I, (we), the undersigned,

1. Have completed the above with true and accurate information.
2. Have read and do understand and agree to be bound by the contents and provisions of the "Authorization/Consent for Treatment of Minor" and "Release of Responsibility/Hold Harmless" paragraphs
3. Agree to allow the above-named minor and/or his/her luggage or equipment to be searched at any time the supervisors (two or more) may deem it necessary.
4. Agree to assume full responsibility for damage to and/or loss or expense of any rental equipment which the participant rented from any facility.
5. Have read the SKI CLUB RULES AND REGULATIONS and agree to be bound by such terms and provisions as they may be amended from time to time.

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**\*\* PLEASE SIGN THIS FORM \*\***

\_\_\_\_\_  
Signature of MINOR

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Signature of ADULT/LEGAL GUARDIAN

