LYNN PARKS & RECREATION

**6 WEEK SKI PROGRAM**

**JANUARY 5, 2024 THROUGH FEBRUARY 9, 2024**

**FRIDAY EVENINGS @ SKI BRADFORD**

## Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ State: \_\_ \_\_ \_\_ Zip: \_\_\_ \_ \_\_**

**Home Phone:\_\_\_\_\_\_ \_ \_ \_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN CASE OF EMERGENCY PLEASE CONTACT:**

**NAME PHONE # CELL PHONE RELATIONSHIP**

### 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sweatshirt Size: (Please Circle)**

**Youth 10-12 Adult Small Adult Large**

##  Youth 14-16 Adult Medium Adult X-Large

**PLEASE SPECIFY YOUR PACKAGE BY MARKING THE BOX INDICATED:**

**PACKAGE A**: The use of all lift facilities & transportation **$450.00**

**PACKAGE B**: One Hour Ski Lesson including the use of **$590.00**

 all lifts and transportation

**PACKAGE C**: One Hour Snowboard Lesson including  **$590.00**

 the use of all lifts and transportation

**PLEASE SPECIFY YOUR RENTALS BY MARKING THE BOX INDICATED:**

**Yes/No Skis, Boots, Poles** (Not included in the option packages*)* **$140.00**

**Yes/No Snowboard & boots** (Not included in the option packages) **$140.00**

**Yes/No Helmet Rental** (Not included in the option packages) **$30.00**

**TOTAL PACKAGE COST $\_\_\_\_\_\_\_\_ TOTAL RENTAL COST $\_\_\_\_\_\_**

 **OVERALL TOTAL COST $\_\_\_\_\_\_\_\_**

**50% DEPOSIT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BALANCE DUE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LYNN PARKS & RECREATION**

**EMERGENCY CARD INFORMATION**

Child's Name: \_\_\_\_ Date of Birth: / /

Child's Home Address:

Phone #: ( )

**INSTRUCTIONS TO REACH PARENT/GUARDIAN**

1. \_\_\_\_\_\_\_\_

Name Address Phone #

2.

 Name Address Phone

**PEDIATRICIAN OR SOURCE OF HEATH CARE**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name Address Phone #

**EMERGENCY CONTACT PERSON (S)**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone #

2. \_\_\_\_\_\_\_\_

Name Address Phone #

**MEDICAL EMERGENCY TREATMENT**

I hereby give the Lynn Parks and Recreation permission to administer basic First aid and/or CPR to my child and/or take my child, to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child’s health.

 / /

Parent Signature Date

Allergies, Chronic Health Conditions:

**INSURANCE INFORMATION (OPTIONAL)**

Company Name: Policy #:

Participating Hospital:

Special Instruction:

**PARENTAL CONSENT and RELEASE FORM LIABILITY**

**FOR CITY OF LYNN PARKS AND RECREATION**

**FRIDAY EVENINGS 6 WEEK SKI PROGRAM**

**STARTING JANUARY 5, 2024 - FEBRUARY 9, 2024**

**AT BRADFORD SKI MOUNTAIN**

I/We, the undersigned parent(s) or guardian(s) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do hereby consent to his/her participation in the City of Lynn Parks and Recreation 6 week ski program at Bradford Ski Mountain.

I/We forever RELEASE, acquit, discharge and covenant to hold harmless the City of Lynn, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, servants, and agents from any and all actions, causes of action, claims, demands, costs, loss of services, expenses and compensation on account of, or arising out of, directly or indirectly, any personal injuries or property damage which I/We may hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions for damages which said minor may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in the Ski program at BRADFORD SKI MOUNTAIN**.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent(s) or Guardian(s) Date Relationship