

ARLINGTON CENTRAL SCHOOL DISTRICT

ARLINGTON CONTINUING ADULT/COMMUNITY EDUCATION PROGRAM

at Arlington High School

1157 Route 55

LaGrangeville, N.Y. 12540

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ARLINGTON HIGH SCHOOL SKIS/SNOWBOARDS 2020

Arlington's Continuing Education Program is sponsoring the Arlington Ski program! All participants are required to bring their own (or rent) ski/snowboard equipment. All participants must wear helmets. Most trips will leave Arlington HS at 5:15am and return at 7:30-8pm. In addition, students are responsible to bring food and money for extras. Fees for the trips listed below cover the ski lift, chaperones for the high school students and coach transportation. Students may register for one, some or all trips. This program is also opened to the community and invites participants of all ages to attend. Elementary and middle school students may attend provided they are accompanied by a participating parent/guardian.

High school students who wish to ski/snowboard **must attend** one of the **Information/Registration meetings** listed below **with their parent/guardian** on:

Friday, November 15 @ 3pm
Friday, November 15 @ 7pm
Monday, November 18 @ 7pm
Wednesday, November 20 @ 7pm

in the LGI (Large Group Instruction Room #1432)
(enter northwest side of the building)

Students paying with credit cards are to pay online <https://arlingtonschools.revtrak.net>, and should bring their paid receipt with them to the information/registration meeting. Those students paying by check, cash or money order (payable to Arlington Central School District) should fill out the form below and bring to the meeting with payment.

SKI/SNOWBOARD DATES & RATES

SKI/SNOWBOARD DATES & RATES

Mt Snow - Saturday, Jan 11

Registrations are due by December 6

Student Ski ▪ Course #4671 ▪ \$96 Adult Ski ▪ Course #4672 ▪ \$104

Stratton - Sunday, Feb 2

Registrations are due by December 20

Student Ski ▪ Course #4773 ▪ \$120 Adult Ski ▪ Course #4774 ▪ \$135

Killington - Saturday, Feb 22

Registrations are due by January 10

Student Ski ▪ Course #4678 ▪ \$135 Adult Ski ▪ Course #4679 ▪ \$145

ARLINGTON HS SKIS 2020

High School Student Skiing Registration Form

(Bring this completed packet to the meeting including medical consent)

Please fill out all information clearly and neatly. Bring this packet to the meeting.
 Credit card payment should be made online: <https://arlingtonschools.revtrak.net>
 Print out your receipt and bring with you to the information/registration meeting November 15, 18 or 20.
 Cash and check payments will be made at the information/registration meeting November 15, 18 or 20.

PLEASE PRINT

Student Last Name _____ First Name _____ Middle Name _____

Female _____ Male _____ Date of Birth _____ Age _____ Grade _____

Address _____

Home Phone # _____ Student Cell # _____ ParentCell # _____

Student Email _____

Parents' Email _____

Parent/Guardian Name(s) _____

Emergency Contact #1 _____ Relationship to student _____

Home Phone _____ Cell Phone _____

Emergency Contact #2 _____ Relationship to student _____

Home Phone _____ Cell Phone _____

Medical Insurance Card _____

ARLINGTON Continuing Education HIGH SCHOOL STUDENT REGISTRATION FORM

Name _____ Age _____

Day Phone: _____ Evening Phone: _____

	Ski Trip	Course Title	#	Fee
1	Saturday, Jan 11	Mt Snow	4671	\$96
2	Sunday, Feb 2	Okemo	4773	\$120
3	Saturday, Feb 22	Killington	4678	\$135
		TOTAL		\$

Student Name _____ Date of Birth _____

ARLINGTON HS SKIS 2020

Terms and Conditions Contract

Please read each of the following terms and conditions. Both parent **and** student must initial next to each statement **AND** sign at the bottom of this sheet confirming their understanding of the contract.

- 1) Students must provide their own (or rented) equipment (skis, polls, boots/snowboards, boots) and are required to wear a helmet. Parent Initials _____
Student Initials _____
- 2) I understand that my payments are non-refundable Parent Initials _____
Student Initials _____
- 3) I understand that any poor academic and social standing with the school can result in my removal from the trip, again without a refund unless a waiting list exists and my reservation will be replaced by another student. Parent Initials _____
Student Initials _____
- 4) I understand that if I am serving an out of school suspension, that I may not attend the ski trip and will forfeit my payment. Parent Initials _____
Student Initials _____
- 5) All students must arrive at the designated time so that we may depart on time. Students who do not arrive on time will forfeit their ski trip for the given day. Parent Initials _____
Student Initials _____
- 6) **Rules & Regulations – Prohibited Conduct**
Any violation of good conduct is subject to school disciplinary consequences.
 - a. Tobacco Products Possession or use of tobacco products such as cigarettes, cigars, chewing tobacco, e-cigarettes, vaporizers or snuff is prohibited.
 - b. Alcohol and Drugs Possession, use, or sale of alcohol, marijuana and/or other illegal drugs, including steroids is prohibited
 - c. Theft Stealing in any form is prohibited.
 - d. Fighting is prohibited.
 - e. Verbal/ Physical Abuse or Threats Student must refrain from utilizing threatening or abusive language or non-verbal threats directed at all those participating in their ski outing.I understand that all school rules apply while on this trip, and any minor infractions may face discipline at the ski resort and/or back at AHS. Parent Initials _____
Student Initials _____
- 7) I understand that any major behavior infraction may call for my immediate return home at my own expense. If this situation arises I will be expected to contact and inform my parents/guardians of the situation and to make travel arrangements for transportation home as soon as possible. Parent Initials _____
Student Initials _____
- 8) I understand that Arlington secures busses for a set amount of time, and that in the event that I am late and cause a delay in the departure of the bus at the end of the day, that I will be responsible to pay the \$40 overtime fee. Parent Initials _____
Student Initials _____
- 9) I understand that Arlington Central School District is NOT responsible for any lost or damaged personal items. Parent Initials _____
Student Initials _____
- 10) Students incurring serious injuries will require parent/guardian to arrange for transportation home. Parent Initials _____
Student Initials _____

I have read and fully understand the terms and conditions of the Arlington Continuing Adult/Community Education Program. I agree to adhere to these terms and conditions and thus take full responsibility for my actions. Additionally, I am fully aware that if I do not stay in good standing with the school, that I may be removed from the trip.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Student Name _____ Date of Birth _____

ARLINGTON HS SKIS 2020

Photo ID and insurance Photocopies

Please photocopy the front side of your office ID (driver's license/passport), your AHS ID, Permit/Driver License (if applicable) and your health insurance card and attach them to the spots below.

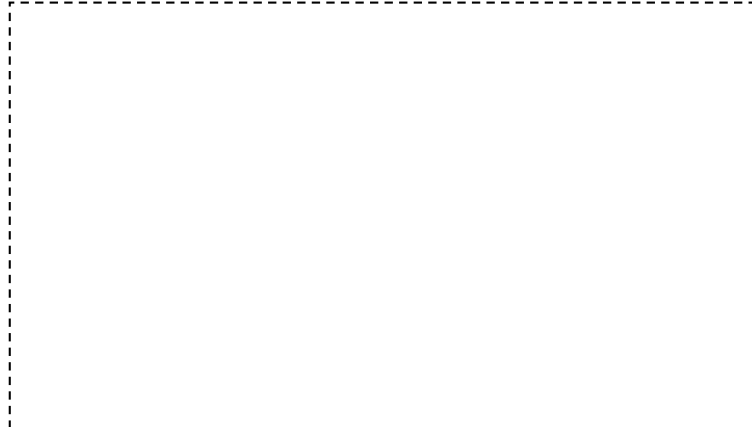
Official ID Photocopy (i.e. Permit/Driver's license) (if available)



School ID Photocopy



Health Insurance Card



Student Name _____ DOB _____

ARLINGTON HIGH SCHOOL SKIS/SNOWBOARDS 2020

Parent Authorization

I request that my child receive the medications released by my child's licensed health care provider listed below. The medication is to be furnished by me in a properly labeled original container from the pharmacy. I also authorize any emergency medical treatment for my child if the need arises. If at any time before the trip or during the program, my son/daughter is prescribed a new medication, a copy of this prescription, or a doctor's note, will be given to Arlington Continuing Education Program.

Parent/Guardian's Name _____

Signature _____ Date _____

Health Care Provider Information

The following is to be completed by the student's Licensed Health Care Provider providing student is required to take medication(s).

Licensed Prescriber _____

Signature _____ Date _____

Address _____

Telephone _____ Fax _____

Prescription Medications Please list all prescribed medicines with their dosage, frequency of use and route of administration. **These medications must be administered with supervision.**

1. _____ Dose/Frequency/Route _____

2. _____ Dose/Frequency/Route _____

3. _____ Dose/Frequency/Route _____

Prescription Medications Please list all prescribed medicines with their dosage, frequency of use and route of administration. Student may carry and self-administer all medications listed below.

1. _____ Dose/Frequency/Route _____

2. _____ Dose/Frequency/Route _____

3. _____ Dose/Frequency/Route _____

Over the Counter Medications Please list all over the counter medications that the student is given permission to use and self-administer while on this trip. Please include dosage, frequency of use and route of administration. Note that this includes everything from pain medicine (like Tylenol) to skin creams (like Calamine lotion and sun screen).

1. _____ Dose/Frequency/Route _____

2. _____ Dose/Frequency/Route _____

3. _____ Dose/Frequency/Route _____