

KINGS JR. HIGH AND HIGH SCHOOL
SKI CLUB REGISTRATION INFORMATION

SKI DATES – The Ski Club will meet the last four Wednesday's in January. If any are canceled in January we will have make up dates in February. IF SCHOOL IS CANCELLED OR STUDENTS GO HOME EARLY THE SKI CLUB IS CANCELLED.

TRANSPORTATION - Ski Club members can ride the bus for \$45.00 (for all 4 trips). All students needing transportation need to pay at the time of registration on-line at Perfect North's web site. Bus seating is limited Register early for your best chance to get a seat on a bus.

DEPARTURE/ARRIVAL - Ski Club members will meet outside the main Jr High offices immediately after school and will depart towards Perfect North no later than 2:45. All skiing equipment must be at the school in time to board the bus. The busses will board at PNS at 8:15 and we will leave promptly at 8:30 p.m. Parents should be in the KJHS parking lot by 9:15 p.m.

REGISTRATION

We invite family and friends to purchase a PNS discounted pass without busing.

- A) Access the Perfect North website through the "sign up" button on the KHSskiclub.com website.
- B) Select: "CLUB LOG-IN" (Bottom right of page under QUICK LINKS).
- C) Search for the club by using "A B C ..." chart and clicking on "K" then choose "Kings Ski Club" or "Kings Ski Club w/ bus" if you need busing. Perfect North collects the bus fee so if you select with busing it is included in the pricing.
- D) Type in Club password – "knights" (one word in lower case). You'll know that you are logged-in when you see "Kings High School ..." on the left.
- E) Under "KINGS SKI CLUB" on the left, click on blue bar "Click here to purchase items"
- F) From here you can click on a pass ("4 VISIT CLUB PASS" is the most popular) then "Wednesday", click on with or without rentals.
- G) Follow online instructions to complete payment. PN is requesting photos be uploaded for every pass purchased.

PAPERWORK

The [Kings Ski Club information sheet / Emergency medical form](#) must be completed for all bus riding students.

Please mail the completed forms to:

Jordan Danko
3272 Woodcrest Ln.
Maineville, OH 45039

Alternatively, email the forms to info@KHSskiclub.com. If emailing the forms must have ink signatures and be in PDF format.

KINGS SKI CLUB INFORMATION SHEET / EMERGENCY MEDICAL FORM

1st Student's name: _____ DOB ____/____/____ Grade: (7-12)

2st Student's name: _____ DOB ____/____/____ Grade: (7-12)

3st Student's name: _____ DOB ____/____/____ Grade: (7-12)

(Include all siblings above if all information the same, additional students put on back)

Address: _____

Mother's Name: _____ Preferred Emergency Phone: _____

Father's Name: _____ Preferred Emergency Phone: _____

Other contact: _____ Preferred Emergency Phone: _____

Part I - To Grant Consent

I hereby give consent for medical care providers and local hospitals to be called in the event of an emergency:

■ In the event, reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the medical care providers or by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

■ This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted are printed on this form.

■ Also, I verify that he/she is covered by medical insurance in case of injury. (According to KLSD policies, all student-athletes must be covered by medical insurance - the school can provide, at an additional cost, insurance if necessary - please see the A.D.)

Insurance Co: _____ Policy#: _____

Signature of Parent/ Guardian: _____ Date: _____

Address: (if different from student): _____

Part II - Refusal of Consent

■ I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent or Guardian: _____ Date: _____

KINGS JR HS/HS SKI CLUB LIABILITY WAIVER / PERMISSION SLIP

■ This permission slip is for the participation in the Kings Jr. High and High School Ski Club for the 2018 season. This activity will not be supervised by Kings Local District staff and is not considered a school-sponsored activity.

■ We, the undersigned student and parents/guardians of <print> _____

do hereby give permission to participate in the above-stated activity. We acknowledge that the Kings Local School District Board of Education will not provide transportation to/from this activity and transportation must be arranged by the student or parent. We do hereby assume full responsibility for any risk of bodily injury, personal injury or mental injury or death due to the participation in the above-referenced activity and the necessary travel to and from the activity site. In the event that a bus is provided for students by Ski Club sponsors, we acknowledge that the Kings Local School District Board of Education and club sponsors are not responsible or liable for said bus transportation. We also further hereby assume full responsibility for all lost, stolen, or damaged personal property and will not hold the school, its employees or ski club sponsors responsible for said loss or damage to personal property.

■ The undersigned further release, waiver, discharge and covenant not to sue the parent sponsors/chaperons, ski club organizers, the Kings Local School District Board of Education, its individual members, its superintendent, principals, administrators, employees, agents or anyone acting on its behalf, from any and all liability, claim, demand, action or cause of action, of whatever kind or nature, either in law or equity, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from participation in the above-referenced activity, including transportation to and from said activity.

■ We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and Indiana or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect.

■ We further state that I/we have fully and carefully read the above release and know the contents of same and sign this release as our own free act.

1st Parent/Guardian: _____ Dated: _____

2nd Parent/Guardian: _____ Dated: _____

Student: _____ Dated: _____