



CCA Ski Club Program



- Who** Students ages 8-18 (**Minimum of 20 participants-maximum of 45**)
- Where** Snowsnake Mountain in Harrison Michigan under the Direction of Certified Professional Ski Instructors of America.
- When** **THURSDAYS: January 10, 17, 24, 31 February 7 (Five weeks)**
- Schedule**
- | | |
|----------------|---|
| 3:45 p.m. | Students arrive at the CCA Elementary main entrance |
| 4:00 p.m. | The bus leaves promptly |
| 5:00-8:00 p.m. | Lessons and skiing at Snowsnake |
| 9:15 p.m. | Bus returns to CCA Elementary main entrance |
- Equipment** Ski and Snowboarding Equipment will be available through Snowsnake. If your child will be using his/her own equipment, please indicate on the form.
- Students will be skiing at the first class, it is expected they dress appropriately: leather tow mittens or gloves, snow pants and a jacket are a must. Students are **strongly** encouraged to wear helmets. Helmets may be purchased at a 20% discount on the first night, or rented for \$5 per night.
- Cost**
- With \$20 deposit received by 12-21-18 :**
\$115 Skiing / \$130 Snowboarding /
\$100 Lift ticket only (no lessons, no rental equipment)
Deposit will be applied to the total fee. Balance due on Jan. 10th (First night)
- Cost AFTER 12-22-18:** \$130 Skiing / \$145 Snowboarding /
\$115 Lift ticket only (no lessons, no rental equipment)
Total cost includes a 5-week program with instruction and equipment (if needed) and bus transportation. **This fee is non-refundable UNLESS minimum numbers are not met, and we cancel the program.**
- Program Information** CCA Staff members will be managing the program on-site.
- Students will be expected to follow the same behavior guidelines as the school day. Written permission is necessary for students to change from ski lessons to free ski. We will allow parents to transport their children if desired. Parents or other family members can ski on Wed. nights at the rate of buy one lift ticket and get one free. Students will be given a dinner break. They may purchase food at the grill or pack their own dinner.
- How to Register** **Complete attached registration form and return with a check by 12-21.**
(Checks payable to Doni Schumacker) Return to your child's school office with "attention: Doni Schumacker" on the envelope. **See Back side** →

Cancellation Policy Due to Inclement Weather

If school is canceled for a **fog day**, we will evaluate weather reports to determine if it would be safe to have the program in the afternoon. If school is canceled due to a **snow/ice day**, the program will be **cancelled**. Please call (231)598-2758. **We will make up a cancelled lesson the following week (weather permitting.)**

Technology / Phone Use Policy

Phones or technological devices that are used in an inappropriate manner (photos, social media, texting or other inappropriate internet usage) will result in being expelled from the ski club without refund. All of the school's acceptable technology use policy guidelines apply to ski club.

If you have any questions regarding ski club, please contact Doni Schumacker at (231)796-9041 ext. 355.

After school hours contact (231)598-2758.

SKI AND SNOWBOARDING REGISTRATION FORM

Student Name _____ Age _____ Grade _____

Parent/Guardian Name _____ School _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Select one: Lessons Free Ski (If switching from lessons to free ski, written authorization is needed.)

If you selected lessons,
Please check one of
The following:

Skiing

First Few Many
Time Times Times

First
time

BEG

INT

Snowboarding

First Few Many
Time Times Times

First
Time

BEG

INT

Are you renting Equipment?

Yes

No

Weight: _____ Height: _____ Shoe Size: _____ Gender M / F Ability level (see above): _____

IN CASE OF EMERGENCY LIST NAME & PHONE NUMBER OF PERSON(S) TO BE CALLED IN ORDER OF PRIORITY:

(1) _____ Relationship _____ Phone _____

(2) _____ Relationship _____ Phone _____

PROCEED AS FOLLOWS:

___ Call Physician: _____

___ Take to Emergency Room _____

___ Other Desired Procedure _____

MEDICAL CONDITIONS (allergies, asthma, medications being taken, etc.): _____

INSURANCE INFORMATION: Company Name and Number _____

I hereby give permission to Crossroads Charter Academy (CCA) Ski Club staff to secure emergency medical and/or emergency surgical treatment for the above named minor child while in their care. Non-emergency medical treatment or elective surgery is not included in this authorization.

I the undersigned do hereby give my permission to the above named to participate in the Crossroads Charter Academy Ski Club. I understand that the Chaperones, or any other CCA staff are not liable for any injuries incurred and/or damage to (or loss of) personal property during the program. In case of accident or illness, the program may contact me or the above mentioned acquaintances. Further I give permission to secure emergency medical, surgical treatment and/or emergency treatment for the above named participant while in the CCA Ski Club.

I understand that there are inherent and other risks involved in the sport of snow skiing and snowboarding, that injuries are a common and ordinary occurrence of the sport, and I freely and voluntarily assume those risks.

Signature of Parent/Guardian _____ Date _____