



St. Mary's Ski/Snowboarding Day Hidden Valley, Elkwater

The skiing/snowboarding day will be on Friday, January 27, 2023. This is an educational program in which all participants, regardless of skill level, will be required to take lessons at the ski hill with a certified ski/snowboard instructor.

Program Rates:

See attached form from Hidden Valley for the rates

Transportation:

Transportation expenses to Hidden Valley are included in the program rates. However, parents are responsible for getting their child to the bus in the morning, and picking them up when we get back.

8:00 am – Morning drop off at St. Mary's

8:30 am – Bus leaves St. Mary's

5:15 pm – Pick up from St. Mary's

Registration Package:

Please complete and return the following forms

- Participant Registration/Consent Form 2022
- Parent/Guardian Consent (Form-260-2B)

You may not waive your child from participating in the ski/snowboard lesson, or from wearing a helmet. These are mandatory for all students participating with the school.

What to Bring

- Weather appropriate clothing
- Lunch or money for lunch
- Sunscreen

Students Not Travelling with the Group

If a student is not travelling to and/or from the ski hill on the bus, the school requires a written permission (handwritten, email) note. This note should include who the student will be travelling with to and from the ski hill. Please date the written note.

Teachers will only be responsible for students registered with the school for the ski trip. Unregistered students may not travel to and from the ski hill on the bus. We would also like to extend an invitation to parents/guardians. If you would like to come, you will need to also fill out the Participant Registration/Consent Form that Hidden Valley provides and pay any the fees that apply to you.

If you should have any questions, please contact me at the school. Questions about payment can be made to Roxanne in the office.

Sincerely,

Callie Sheppard
Ski/Snowboard Day Organizer



Participant Registration / Consent Form 2022

Dear parents, welcome to Hidden Valley Snow Sports!

(School) _____ School is offering the opportunity to Ski or Snowboard on
(Date) _____. Please complete the participant details below.

Name: _____ Age: _____

Grade: _____

Address: _____

Phone# (Home): _____

Emergency Phone#: _____

AB / SK Health Care#: _____

Considerations (e.g. Allergies) _____

Lesson options: Please note **NO changes from Ski to Snowboard or vice versa will be allowed on the day after lessons begin.**

Please be aware that by signing this, you accept responsibility for any loss or damage due to inappropriate use or failure to return the equipment on the agreed date of visit and may be charged for the cost of replacement.

Hidden Valley offers several options for students. Please read the following carefully and select the options that are required for participation.

Type of lesson required: Ski Snowboard

Does the Student Require:

Item Required	Price (incl GST)	Please Tick
Rentals (do not have own)	\$17.50	
Lift (Not a membership holder)	\$20	
Lesson (Mandatory)	\$42.50	<input checked="" type="checkbox"/>
Helmet Required (Helmets are mandatory for students)	FREE	

*Please complete
'Rental Information'*

Terrain Park:

Terrain Park is off limits to school groups. Mini-park is by adult supervision only

Acknowledgement of Ability Guide:

Skier Type 0 = Never Skied / Boarded before, **Type 1** = Skis / Boards Conservatively on easy terrain. **Type 2** = Skis / Boards Competently and controlled on moderate runs, **Type 3** = Skis / Boards on all runs with higher, controlled, speed

Rental Information: Height: _____ ft Weight: _____ lbs Ability: _____



Please read the Equipment and Assumption of Risks carefully before signing.

EQUIPMENT

Hidden Valley Ski Resort (Government of Alberta) provides rental equipment. Bindings on equipment reduce the risk of injury when falling. They will not release under all circumstances and they do not guarantee safety in all cases. I/we agree to waive any and all claims that I/we have or may have in the future against **Hidden Valley Ski Resort (Government of Alberta)** and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, sponsors, successors and assigns and the manufacturer or employees of these resulting in any loss, damage, injury or expense that I/we may suffer as a result of the use of equipment. I/we freely accept and fully assume all risks, dangers and hazards associated with the use of the equipment.

ASSUMPTION OF RISK

I/we are aware that skiing involves many risks, dangers and hazards and I/we assume all risk of personal injury, death or property loss resulting from any cause whatsoever including, but not limited to, the inherent risks of skiing and snowboarding, the use of lifts, collision with natural or man-made objects or other participants, travel within or beyond the ski area boundaries, including negligence, breach of contract, or breach of statutory duty of care on the part of **Hidden Valley Ski Resort (Government of Alberta)**. I/We agree that **Hidden Valley Ski Resort (Government of Alberta)** and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns shall not be liable for any such personal injury, death or property loss. I/we release and waive any and all claims that I/we have or may have in the future against **Hidden Valley Ski Resort (Government of Alberta)**.

I/we have read and discussed the information in this consent, including the Alpine Responsibility Code. I/we agree to its contents and give consent for the named participant to participate in the activities listed above and have ensured that information contained is accurate.

Parent / Guardian (Print): _____ Signature: _____ Date: _____

Participant (Print): _____ Signature (if over 17): _____ Date: _____

PARENT/GUARDIAN CONSENT
Off-Site Activity - Provincial outside of City within Alberta
(INCLUDES: Day or Overnight)

Dear PARENT(s) or GUARDIAN(s) of: Grade 7,8,9 RM # _____
 Please read this form carefully. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. This CONSENT form must be signed and returned to the school by: 26 January 2023 for your child to be permitted to participate in activity.

PROGRAM ACTIVITY INFORMATION - Additional Itinerary and Field Trip details will be provided (if required)

SCHOOL NAME: St. Mary's School Destination: Hidden Valley Ski Resory
 Departure Date & Time: 0800 27 Jan 2023 Return Date and Time: 1700 27 Jan 2023
 Purpose or Education Goal(s): Physical education in an alternative environment
 Itinerary/Activities: Ski/snowboard lessons; skiing/snowboarding
 Method of Transportation: Charter Bus By: _____
 Lead Teacher Name & Contact Info: Callie Sheppard (403) 928-7335 Total # of Supervisors 8-10
 Supervisory Arrangements: On Site + the Service Provider
 Cost to the Student: \$80 What to Bring: Clothing suitable for skiing/snowboarding; lunch or money for lunch.

SCHOOL RESPONSIBILITIES - The School will make every reasonable effort to ensure or ascertain that:

1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. Every effort is made to identify and manage known potential risks.
6. Emergency Procedures are in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS: Injuries common to snowboarding/skiing; frostbite, sunburn, and windburn; interactions with wildlife; vehicular accident

CONSENT AND ACKNOWLEDGEMENT OF RISK (signature denotes consent)

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed they abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.
7. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

MEDICAL INFORMATION

Allergies:

 Carries EPI-PEN: Yes No
 Carries ANA-KIT: Yes No
Health/Medical/Physical Issues:

Medications:

Other:

Name of Student: _____ Date of Birth: _____ has my permission to participate.
 Today's Date: _____ Parent/Guardian/Emergency Contact Name: _____
 Phone # Day _____ Phone # Evening _____ Cell # _____
 Parent Signature x _____ Parent Name (Print) x _____

DISCLAIMER - PARTICIPATION IN THIS EVENT IS DEPENDENT ON ACCEPTABLE HEALTH AND SAFETY CONDITIONS IN THE COUNTRY AT THE TIME OF THE EVENT. IF PARTICIPATION IS CANCELLED DUE TO UNFORESEEN CIRCUMSTANCES, MEDICINE HAT CATHOLIC BOARD OF EDUCATION WILL NOT ACCEPT RESPONSIBILITY FOR THE EXPENSES INCURRED IN PREPARATION FOR THIS EVENT.