

# 4-H SKI and SNOWBOARD PROGRAM 2013 REGISTRATION

(one form per child please - copy form as needed)

Name \_\_\_\_\_  
Last
First
Middle Initial

**MAILING** Address \_\_\_\_\_  
Street or PO Box
City
Zip

Parent/Guardian Name(s) \_\_\_\_\_ Parent Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Parent's Email \_\_\_\_\_ Child's Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month
Day
Year

I authorize MSU Extension/The Homestead to record and photograph my image and/or voice or that of my child for use by MSU Extension/The Homestead or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Please check one:  I agree you can use my/my child's picture/voice.  
 I do not agree and you may not use my/my child's picture/voice.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

<input type="checkbox"/> <b>Downhill Ski Lessons</b> <input type="checkbox"/> <b>Snowboard Lessons</b>  <b>Equipment Rental:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Lift Ticket:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you check "No" Lift Ticket, then you <b>must</b> have a <u>Season Pass</u> at The Homestead.	<b>Skiing/Snowboarding Ability:</b> Check one: <input type="checkbox"/> <b>Beginner:</b> Has never skied or snowboarded before or has had minimal experience. All Beginner lessons are at 2:00p.m. (ski) and at 2:30p.m. (boarders). <input type="checkbox"/> <b>Intermediate:</b> Comfortable skiing/riding on all Green terrain. Needs to work on turn shape. Ready to explore easy Blue terrain. All Intermediate lessons are at 3:30p.m. (ski) and 4:00p.m. (board). <input type="checkbox"/> <b>Advanced:</b> Comfortable skiing/riding on all Blue terrain. Needs to work on parallel turns. Ready to explore more difficult terrain and different snow conditions. Lessons are at 3:30 (ski) and 4:00 (board).
Pay by Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa / Acct # _____ Amt _____	
Signature: _____ Expiration: ____ / ____	
Be sure to complete the Medical Treatment Form on the reverse side. Mail this form along with your total payment to:  <div style="text-align: center;">           Leelanau 4-H            Suite 107            8527 E. Government Center Drive            Suttons Bay, MI 49682         </div> <p><b>**Make check payable to: "Leelanau 4-H" and note on the bottom of the check the <u>child's name</u> and "4-H Ski Program"***</b></p>	Registration deadline is Monday, December 14, 2012 (must be received or postmarked by 12/14/12)  <p><b>Note: The lesson does <u>not</u> include a lift ticket; the lift ticket must be purchased separately.</b></p>

**OFFICE USE ONLY:** Date Received \_\_\_\_\_

Payment \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Cash / Check # \_\_\_\_\_

Equipment Rental Lift Ticket Skiing Snowboarding

# MEDICAL TREATMENT AUTHORIZATION

VALID: 01/01/13 - 03/15/13

## Leelanau County 4-H Youth Program

Your son/daughter is participating in a 4-H Youth Program-sponsored event. By completing this form, you give an appropriate medical facility permission to treat him/her for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

4-H'ers Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**HEALTH HISTORY:** Please check yes or no

YES

NO

Please explain:

--Is there any chronic problem or illness? \_\_\_\_\_

--Is there any acute illness now present? \_\_\_\_\_

--Has the 4-H'er been treated recently for  
any medical problem? \_\_\_\_\_

--Are there any allergies to medication or  
local anesthetics? \_\_\_\_\_

--Are there any other allergies? \_\_\_\_\_

--List any medications now being taken for  
treatment of any medical problem \_\_\_\_\_

--Date of last tetanus shot: \_\_\_\_\_

### **INSURANCE INFORMATION:**

Policy Holder's Name \_\_\_\_\_

Relationship to 4-H'er \_\_\_\_\_

Policy Holder's Address \_\_\_\_\_

Name and Address of Insurance Company \_\_\_\_\_

Policy Holder's Social Security Number \_\_\_\_\_ Policy Number \_\_\_\_\_

### **OFFICIAL AUTHORIZATION:**

I, \_\_\_\_\_, do hereby authorize the 4-H Youth Program staff and The Homestead to  
(parent or guardian's name)

seek necessary medical and/or surgical treatment for the care of my child (name) \_\_\_\_\_.

The above-designated organizations are hereby authorized to incur medical costs necessary to provide treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

If not available in an emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_