

Ladd Cross Country Ski Club 3rd-7th Grade

The first ski club meeting will be at Ladd to learn/practice ski skills on playground and sledding hill. After that, we will bus students to the Birch Hill Cross Country ski area (not the downhill area on post).

Students will depart Ladd at 4 and parents need to pick up from the ski area at 5:30. We will ski on the following Fridays:

November 30
December 7
December 14
January 11
January 18
January 25
February 8
February 15
February 22
March 1

Directions:

Take the Steese Highway north to Farmer's Loop Road. Turn right at the light, and then turn immediately left onto Frontage Road. Follow the road to the top of the hill. At the stop sign, turn right and go straight into the ski area. We will be by the log building to the right of the lodge.

Ski club will be canceled for extreme cold or poor snow conditions. If the temperature is -10 F or colder at noon on Birch Hill, we will cancel for that day. We will have students contact parents to let them know ski club is canceled.

We are not able to accommodate early pickups. Our coaches are skiing with children the entire time, so we are not able to locate children and then open up vehicles to get their items. Please do not send your student if you need them before 5:30. Thank you for understanding!

Please contact Sara Oestreich or the Ladd office with any questions

Sara.Oestreich@k12northstar.org (907)451-1700

Ladd Cross Country Ski Club
3rd-7th graders

Welcome to Ladd's Cross Country Ski Club!

Before participating, the emergency medical information form and permission slip must be signed. Please keep the schedule page with skiing dates. If payment is an issue, please contact the principal, Cori Anthony.

Skis will be rented out on a first come/first served basis. If we run out, your money will be returned to you & you will be notified.

Teacher _____ Grade _____

Student Name _____ may participate in cross country skiing during the listed practices. Student will come ready and dressed in appropriate winter gear and follow directions of coaches. I agree to pick up my student promptly at 5:30. The first practice is at Ladd while the rest are at Birch Hill (not the post downhill ski area).

Parent/Guardian Signature _____

Phone Number

Cell _____

Work _____

Students may be released to:

Name _____

Name _____

Name _____

Name _____

Ski Rental Form and Fees

Student Name _____

Grade _____

Teacher _____

Rental Fee: \$30

Boots _____

Skis _____

Poles _____

Snack/Bus Fee: \$20



Emergency Medical Information & Activity Consent Form

For Elementary Intramural and Interscholastic Athletics

Name of Activity	Student Name
------------------	--------------

Parent/ Guardian Permission to Participate:

I hereby give permission for the above-named student to engage in Fairbanks North Star Borough School District approved Elementary intramural and interscholastic athletic activities.

I understand that the Fairbanks North Star Borough School District does not carry insurance for accidental injuries sustained in Elementary intramural or interscholastic sports events.

Parent/ Guardian Medical Consent:

I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness. I hereby accept financial responsibility of the above student in the event of injury or illness. I hereby waive on behalf of myself and the above student any liability of the Fairbanks North Star Borough School District and its offices, agents, or employees for injuries sustained in the interscholastic program.

Parent/ Guardian and Student Rule Awareness Verification:

I have read and understand the rules, regulations, policies, and responsibilities as stated in the district's Student Rights, Responsibilities & Behavioral Consequences Handbook and the penalties for violation of them. I understand and accept these rules, regulations, policies, and accompanying penalties as conditions for participation.

Parent/ Guardian and Student Risk Awareness Verification:

I understand and acknowledge that organized athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

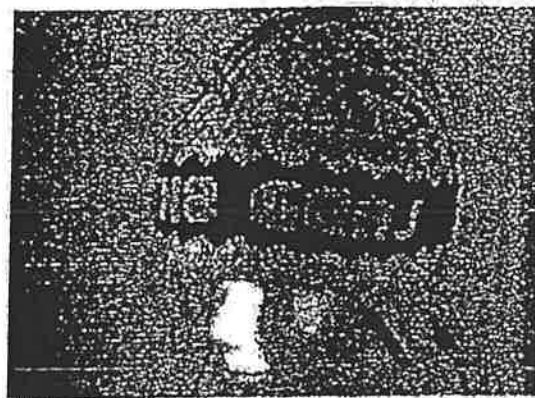
Student Hazing Awareness Pledge:

I promise not to be involved in any hazing/ harassment incident, no matter how minor it may seem. I understand that I may be suspended or expelled from the team and/or school for any incident as a result of my participation or being an idle witness.

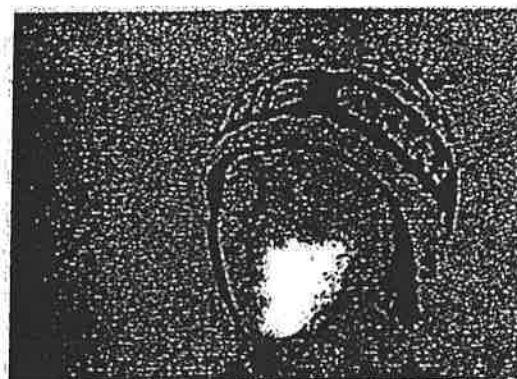
EMERGENCY MEDICAL AND CONSENT INFORMATION

Student Name		Parent/ Guardian Name for above-listed student	
Mailing Address		Residence Address	
Parent/ Guardian Phone #s	Home Phone	Work Phone	Cell Phone
Emergency Contact if parent/ guardian is not available:	Name of Contact		Phone
Name of Student's Medical Doctor			Phone
Name of Student's Dentist			Phone
Name of Insurance Co.		Policy Number	
Any Medical Conditions?			
Any Medications?			
Any Allergies?			
In case of any medical emergency, I authorize a school district employee to take my son/ daughter to the nearest medical facility for necessary treatment. We, the undersigned, acknowledge that we have read and understand all aspects of this form, including all the above parts and grant permission and consent as required. I verify that the information provided is true and complete.			
Parent/ Guardian Signature		Student Signature	
Date		Date	

LADD



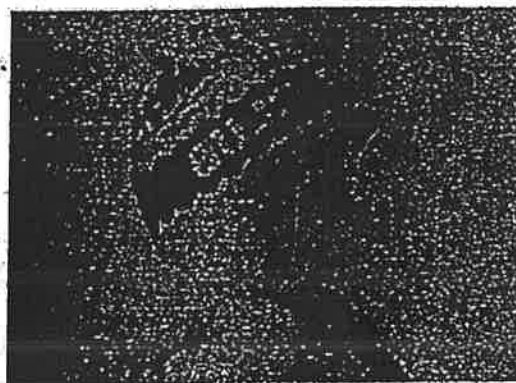
ELEMENTARY



SKI HATS

\$20.00

100% wool with fleece band



Pre-Order:

Name _____

Teacher Name: _____

Cash _____ **Check#** _____

Parent phone/email _____