



# The Watershed School

# Ski Club

## 2018-19 Information Packet and Registration Form

### Enrollment

Ski Club is open to skiers in all grades. Before being admitted to the club, students and parents must submit the following:

- Ski Club Permission Form
- Activity Consent and Medical Information Form
- Ski Club fee (checks payable to The Watershed School)
  - \$50 (bus riders)
  - \$35 (parent provides transportation)

If a student is in kindergarten or first grade, **a parent or guardian must be present** at all practices and ski with their child unless permission is given by the coach for the child to ski without a chaperone. Younger students are allowed to ride the bus, but a parent or guardian must still ski with their child.

### Practices

Practices will be held on **Mondays and Wednesdays from 4:00 – 5:15 pm**. We will meet at the UAF ski hut on Mondays. We will meet in the team room at Birch Hill (downstairs in the big red building) on Wednesdays.

### Transportation

The Watershed School PTSA has generously donated money to help offset the cost of busing, provided by AirLink Shuttle and Tours, from Watershed to Birch Hill or UAF.

### Races

All ski races are held on weekends and are voluntary. Ski Club members are strongly encouraged to participate in the Town Race Series (dates below) and other races such as the Turkey Day Relays. More information about races, including registration forms will be sent home as soon as they are made available from the Nordic Ski Club of Fairbanks.

#### Town Race Series Schedule

- Saturday, November 17 – mass start, free technique (skating)
- Saturday, December 1 – sprint, classic technique
- Saturday, January 12 – mass start, classic technique
- Saturday, January 26 – ski cross, free technique

### Cold Weather Cancellation

The decision to hold or cancel ski club will be made at **1:00pm** and will be based on the temperature and wind conditions (**-5°F w/windchill or colder**) at the ski location for that day. The Watershed School's website has links posted to the Birch Hill and UAF weather stations.

## Schedule

Ski Club will begin as soon as we have enough snow! We're hoping to start on **Monday, November 19**. The last day of Ski Club will be **Monday, March 4**.

First Semester (Winter) Ski Club Dates	Date	Location	Time	
	...waiting for snow... waiting...waiting...			
	Monday, November 19, 2018	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, November 21, 2018	<b>No Ski Club – Happy Thanksgiving</b>		
	Monday, November 26, 2018	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, November 28, 2018	Birch Hill Rec. Area	4:00 – 5:15 pm	
	Monday, December 3, 2018	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, December 5, 2018	Birch Hill Rec. Area	4:00 – 5:15 pm	
	Monday, December 10, 2018	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, December 12, 2018	Birch Hill Rec. Area	4:00 – 5:15 pm	
	Monday, December 17, 2018	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, December 19, 2018	<b>No Ski Club – Early Dismissal</b>		

Second Semester Ski Club Dates	Date	Location	Time	
	<b>No Ski Club in January</b>			
	Monday, February 4, 2019	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, February 6, 2019	Birch Hill Rec. Area	4:00 – 5:15 pm	
	Monday, February 11, 2019	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, February 13, 2019	Birch Hill Rec. Area	4:00 – 5:15 pm	
	Monday, February 18, 2019	<b>No Ski Club – Afternoon and Evening Parent/Teacher Conferences</b>		
	Wednesday, February 20, 2019			
	Monday, February 25, 2019	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, February 27, 2019	Birch Hill Rec. Area	4:00 – 5:15 pm	
	Monday, March 4, 2019	UAF Ski Hut	4:00 – 5:15 pm	
	Wednesday, March 6, 2019	<b>No Ski Club – All School Ski</b>		

## Other Requirements

- Skiers in the advanced groups should have both classic and skate skis. Coaches will tell students in advance what type of skis to bring to practice.
- Parents need to promptly pick up skiers at 5:15. Failure to pick up runners on time may result in loss of Ski Club privileges.
- **Students or their parents must check out with a coach before leaving practices.**
- Athletes must be dressed warm and fully equipped with ski equipment. The Watershed School does not have ski equipment for student use. We also do not have enough staff and volunteers to supervise students who are not prepared.
- Athletes must be respectful of other participants, parent volunteers, and coaches. Athletes who cannot behave appropriately will be removed from Ski Club.

## Sample Gear Checklist for Ski Club Days

ski boots	jacket	hat
skis	ski/snow pants	balacava/buff
ski poles	mittens/warm gloves	base layer – top and bottom
wool socks	extra snack and water (to fuel up beforehand)	

# 2018-19 Watershed Ski Club Permission Form

Complete and return to the office with Activity Consent Form and \$35 (no bus) or \$50 (bus) Ski Club fee

\_\_\_\_\_ has permission to take part in the Watershed's Ski Club.  
(name of student)

\_\_\_\_\_  
Parent or guardian name (print)

\_\_\_\_\_  
Parent or guardian signature

Phone numbers:

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

\_\_\_\_\_  
Cell

We are looking forward to a fun season!

Sincerely,

Watershed Ski Coaches

**Parents are responsible for any medical concerns or conditions they are aware of in their student. If you are concerned about allergic responses, asthma or any other conditions please ensure you discuss concerns and appropriate medications for your runner with coaches.**



**Student and  
Parent / Guardian**

# Activity Consent &

# Emergency Medical Info. Form

*for ASAA or Approved Interscholastic or Extracurricular Activities*

<b>Name of Activity</b>	<b>Student Name</b>
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**Parent/ Guardian Permission to Participate:**

I hereby give permission for the above-named student to engage in ASAA or Fairbanks North Star Borough School District approved interscholastic activities as a representative of his/her school. I also give my consent for this student to accompany the team or group as a member on its out-of-town trips. I understand that the local Board of Education through the Fairbanks North Star Borough carries insurance for accidental injuries sustained in intramural or interscholastic sports events.

**Parent/ Guardian Medical Consent:**

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above-named student, by a physician, qualified nurse, certified athletic trainer, and/or hospital during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group. Further, I hereby waive, on behalf of myself and the above-named student, any liability of the School District, its agents, or employees arising out of such medical treatment.

**Parent/ Guardian and Student Rule Awareness verification:**

I have read and understand the rules, regulations, policies, and responsibilities as stated in the district's appropriate Student Activities 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 secondary 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.

**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 (PLEASE PRINT CLEARLY)**

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?			
<p><b>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 hereby authorize release of the above student's required physical examination record to the school in which the student is enrolled. This confidential information may be shared with the coach and activities coordinator.</b></p>			
Parent/ Guardian Signature		Student Signature	
Date		Date	

8/24/06

White: School

Yellow: Sponsor/ Coach

Pink: Sports Trainer

Goldenrod: Parent