

Ladd X/C Ski Club

3rd- 6th graders

Calendar

The first Ski Club meeting will be at Ladd. This is to learn/practice ski skills on the playground and sledding hill. The Ski Club will then meet at Birch Hill Cross Country ski area (not the downhill area on post). Students will depart from Ladd on a bus at 4:00 p.m. and parents need to pick them up at the ski area at 5:30 p.m

Directions: Take the Steese Highway north to Farmer's Loop Road. Turn right at the stoplight, 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. There is a pick up lane in front of the new ski lodge. We will be in the log building to the right of the new lodge.. Please send transportation arrangements in writing if a parent or guardian is not picking up the skier. We will ski on the following Fridays:

Dec 2 (at Ladd)

Dec 9

Jan 6

Jan 13

Jan 20

Jan 27

Feb 17

Feb 24

Mar 3

Ski club will be cancelled 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. The weather line for Birch Hill is 457-4837. If the snow conditions are poor, we will try to send out notices on the Thursday before.

LADD X/C SKI CLUB
3rd - 6TH GRADERS

Welcome to Ladd's Cross-Country Ski Club!

Return this permission slip with both sides filled out. Keep the 2nd page, the schedule and the directions to the ski trails. Please return fee and rental form with payment also. Thank you.

Before participating, the emergency medical information form (as well as this general permission form) must be signed. Thank you.

Teacher _____ grade _____

Student name

may participate in cross-country skiing during the listed practices.. As far as dress and behavior, students will come ready dressed in appropriate winter gear and follow directions of the coaches. I agree to pick up my student promptly at 5:30. December 2, we will stay at Ladd to work on skills. The following weeks, students will need to be picked up at Birch Hill. They will take a bus there after school.

Parent or Guardian Signature

Phone numbers:

home

work

cell

Students will only be released to parents/guardians or persons listed below:

SKI RENTAL FORM AND FEES

Student name _____

Grade _____ Teacher _____

I have enclosed: (please check all that apply)

_____ \$10.00 bus fee

_____ \$5.00 snack fee

_____ \$5.00 ski rental fee

_____ \$5.00 boot rental fee

_____ \$5.00 poles rental fee

Rental form

Boot number _____

Ski number _____



Emergency Medical Information & Activity Consent Form

For Elementary Intramural and Interscholastic Athletics

Name of Activity	Student Name
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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 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.

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.

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	

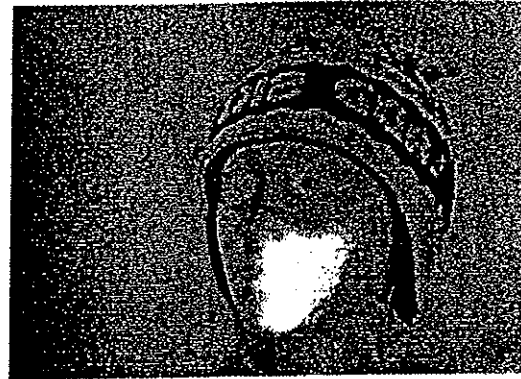
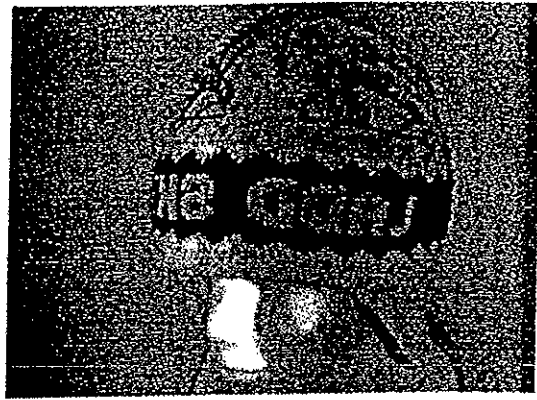
LADD

ELEMENTARY

SKI HATS

\$20.00

100% wool with fleece band



Pre-Order:

Name _____

Teacher Name: _____

Cash _____ **Check#** _____

Parent phone/email _____