



Churchill County Facilities, Parks & Recreation Department
 325 Sheckler Road, Fallon, NV 89406 (775) 423-7733 (775) 423-7734 Fax

Youth (17 years & under)

Ski Program - Registration Form

In Consideration of My Child/Ward Being Able to Participate In the Ski Program Being Offered By Churchill County

Ski Participant's Information

Name _____ Birthdate _____ Age _____

Mailing Address _____ City _____ Zip _____

Does your child need an accommodation because of disability to enjoy this program (please circle)? YES NO

If yes, please explain: _____

Please list any needs, limitations, or allergies: _____

Does your child require medication during the hours of this program? YES NO (attach medication release form)

Parent/Guardian Information

Name _____ E-mail address _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Mailing Address _____ City _____ Zip _____

Employer _____

Emergency Contact (if parent/guardian is unable to be reached first):

Name _____ Relationship to Participant _____

Phone (H) _____ Phone (W) _____ Cell # _____

I, the undersigned parent/guardian, agree to hold Churchill County, and all those instructors and assistants, and/or other person(s) or organizations connected with the Ski Program, harmless and free from all liabilities, suits, claims, or demands of every kind and character arising out of and in connection with the program being provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the potential of serious injury, minor injury, and death. The risks include, but are not limited to, those caused by physical contact between participants, facilities, and terrain. Churchill County will not be held responsible for illness or injury sustained by my child while in the program or in travel to and from the program.

In case of an accident or serious illness, I request that I be contacted, if possible, If I cannot be reached within a very few minutes, I hereby authorize Churchill County and the Ski Program Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

Initials **PHOTO RELEASE.** I also understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement I authorize the use of any photos or video taken during this program.

Initials I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, for any reason, by my bank or financial institution.

Parent/Legal Guardian's Signature

Date



Adult (Age 18 & over)

Ski Program - Registration Form

In Consideration of My Adult (Age 18+) Participation In the Ski Program Being Offered By Churchill County

Ski Participant's Information

Name _____

Mailing Address _____ City _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Employer _____

E-mail Address _____

Do you need an accommodation because of disability to enjoy this program (please circle)? YES NO

If yes, please explain: _____

Please list any needs, limitations, or allergies: _____

Do you require medication during the hours of this program? YES NO (attach medication release form)

Emergency Contact:

Name _____ Relationship to Participant _____

Phone (H) _____ Phone (W) _____ Cell # _____

I, the undersigned, agree to hold Churchill County, and all those instructors and assistants, and/or other person(s) or organizations connected with the Ski Program, harmless and free from all liabilities, suits, claims, or demands of every kind and character arising out of and in connection with the program being provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the potential of serious injury, minor injury, and death. The risks include, but are not limited to, those caused by physical contact between participants, facilities, and terrain. Churchill County will not be held responsible for illness or injury sustained by my child while in the program or in travel to and from the program. In case of an accident or serious illness, I hereby authorize Churchill County and the Ski Program Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

_____ **PHOTO RELEASE.** I also understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this Hold Harmless Agreement I authorize the use of any photos or video taken during this program.

_____ **Initials** I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, **Initials** for any reason, by my bank or financial institution.

Participant's Signature

Date



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TO: DIAMOND PEAK MEDICAL CARE CENTER

Please be advised that I/my child/ward is a member of the Churchill County Ski Program

I hereby, give permission to the Diamond Peak Medical Care Center to diagnose and treat any injury or illness incurred by myself/my child/ward on the premises of Diamond Peak Ski Resort during the season of the Churchill County Ski Program.

_____	_____	_____	_____
Printed Name of Participant	Age	Height	Weight

Mailing Address		City	Zip

Parent/Guardian Contact Name	Home Number	Cell Number	Work Number

Parent/Guardian Contact Name	Home Number	Cell Number	Work Number

Emergency Contact Name	Home Number	Cell Number	Work Number

Alternate Emergency Contact Name	Home Number	Cell Number	Work Number

Policy holder's employer: _____ (If applicable)

Policy holder's name: _____

Policy holder's insurance ID#: _____

Insurance company name: _____

Insurance company address: _____

Insurance company phone #: _____

**** Participant { OR } Parent/Guardian's Signature** **Date**

** (Parent/Guardian must sign, if participant is a minor)

Physical limitations/allergies: _____



SKI PROGRAM RULES

1. You must abide by ALL Diamond Peak Ski Resort rules.
2. No fighting or name-calling.
3. Lying will not be tolerated.
4. You must be accompanied by your ski buddy, at all times.
5. Abusive or foul language/inappropriate gestures will not be tolerated.
6. Misuse of Churchill County Parks and Recreation or DPSR property will not be tolerated.
7. Stealing will result in dismissal from the ski program.
8. No spitting at anytime.
9. Respect other participants, chaperones, and the bus driver.
10. Do not talk while the supervisors, chaperones, or bus drivers are talking.

Riding the Bus

1. Participants must present their ski pass to get on the bus.
2. Replacement tickets will cost \$5.
3. Alcoholic beverages are not allowed on the bus or during the ski program.
4. Smoking is not allowed on the bus.
5. Participants must remain seated at all times when on the bus.
6. Headphones are required for listening to radios, tape, or CD players.
7. Participants must ride the same bus to and from Diamond Peak.
8. Pick up all trash and personal items.
9. Buses will be left open during the day, but if this privilege is abused, buses will remain locked during the day.
10. All participants are required to return to the buses at 3:00 p.m. for departure.
11. During snack or lunch time, please clean up after you eat.
12. Lost or found items are at the Parks and Recreation Office, 325 Sheckler Road, 423-7733.

Affirmation:

I hereby affirm with my signature below that I have read, fully understand, and have discussed the “Ski Program Rules” with my child(ren). Failure to follow these rules can result in loss of trips or dismissal from the program. Churchill County Parks & Recreation is not responsible for any lost, stolen, or damaged property. Churchill County Parks and Recreation reserves the right to suspend or terminate participants whose behavior endangers the safety of themselves and/or others.

Participant's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date
