

**Administrative Office**

73 Park Street  
Manchester, CT 06040  
(860)643-5088  
Fax (860)649-6462  
www.SaintJamesSchool.net



**Pre-Kindergarten Office**

85 Park Street  
Manchester, CT 0640  
(860)643-5088  
Fax (860)649-6462

*Committed to Growing Young Hearts and Minds*

**FIELD TRIP PERMISSION AND WAIVER  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name

Parent/Guardian' Name

Home Address

Home Phone

Business Phone

Cell Phone

I, \_\_\_\_\_, request that my child, \_\_\_\_\_, be included in the field trip and I grant permission for him/her to participate in the activity identified below that requires transportation to a location away from the school/parish site. A brief description of the activity follows:

*Ski Club*

Type of Event

*Mt. Southington*

Destination of Event

*Constitution Bus Line*

Mode of Transportation to and from Event

*Jan 5th, Jan. 19th, February 9th, February 16th and February 21st*

Date(s) of Event

*2:00PM*

*8:45PM*

Expected Time of Departure

Expected Time of Return

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor "participant").

I agree to be responsible for any damages or costs incurred by, or on behalf of, my child of any nature arising from, or in connection with, my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith.

I hereby release and discharge Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns, and heirs, from any and all liabilities, suits, claims, demands, actions or damages (including attorney's fees) incurred by me or by my child, or are in any way related to, or arising out of, participation in the above event, including, without limitation, all

claims for property damage, personal injuries or wrongful death, including any claims which allege negligent acts or omissions of, or by, Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

I understand that by signing this form I am releasing Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, employees, chaperones, volunteers, successors, assigns and heirs.

Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event. If the event takes place on a school day, my child instead will attend school at Saint James School and will participate in the school program of that day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

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 my child by a physician, qualified nurse, and/or hospital or other health care facility while my child is participating in the field trip. Further, I hereby release and discharge Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

The field trip supervisor should be aware of the following special medical conditions of my child (please check all that apply):

- |  |                                 |
|--|---------------------------------|
| _____ Allergic Reactions   | _____ Asthma                    |
| _____ Diabetes   | _____ Medically Prescribed Diet |
| _____ Physical Limitations   | _____ Other Conditions          |
| _____ Medications that may need to be taken on an emergency or routine basis |                                 |

Please describe condition with particularity, including any warning signs, medications, or special instructions:

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Type of Insurance: Please check \_\_\_\_\_ Blue Cross/CMS \_\_\_\_\_ ConnectiCare \_\_\_\_\_ Other

Membership #: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone : \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Pre-Paid Multi-Week Registration Form 2017-2018

Use one form per family per group. *NOTE: Participants must sign up for the same package each week*

GROUP NAME St James School

Parent or Guardian Name(s) \_\_\_\_\_

Parent or Guardian Email Address(s) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ or \_\_\_\_\_

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

Package Type	Cost Per Visit	# of Visits	=	Package Total
<b>A. Lift Only</b> <small>(Ski or Snowboard)</small>	\$27.00	x 5	=	\$135.00
<b>B. Ski Lift &amp; Lesson</b>	\$35.00	x 5	=	\$175.00
<b>C. Ski Lift &amp; Rental</b>	\$41.00	x 5	=	\$205.00
<b>D. Ski Package –</b> <small>(Lift, Lesson &amp; Rental)</small>	\$47.00	x 5	=	\$235.00

Package Type	Cost Per Visit	# of Visits	=	Package Total
<b>E. Snowboard Lift &amp; Lesson</b>	\$35.00	x 5	=	\$175.00
<b>F. Snowboard Lift &amp; Rental</b>	\$41.00	x 5	=	\$205.00
<b>G. Snowboard Package -</b> <small>(Lift, Lesson &amp; Rental)</small>	\$47.00	x 5	=	\$235.00

Participant Name <small>(For more than 3 participants attach another form)</small>	Grade* <small>(*must be in 3rd grade or up)</small>	Package Type <small>(select one package above, per participant)</small>	Package Price
1)			\$ .00
2)			\$ .00
3)			\$ .00

<b>AMOUNT DUE</b>	\$	<u>.00</u>
<i>Late Registration Fee - (\$25.00)</i>	\$25.00 X # of People _____ =	\$ <u>.00</u>
<small>(Applies to registration forms &amp; payments received after the group tally sheet has been submitted to MTSO)</small>		
<b>TOTAL AMOUNT DUE MOUNT SOUTHINGTON (Includes Any Late Fee)</b>		<b>\$ <u>.00</u></b>
<i>**Additional fees for transportation, etc. \$ _____ (Mount Southington does not receive these additional fees)</i>		
<i>(A \$10 Administrative Fee will be assessed for ticket type changes needed after tickets are printed.)</i>		

**PAYMENT METHODS (Cash, Check, Credit Card\*\*)**

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK –payable to Mount Southington Ski Area OR \_\_\_\_\_

(\*\*\*All checks returned for non-sufficient funds will be charged a \$35.00 bank fee\*\*\*)

\_\_\_\_\_ Credit Card ~ Pay online with VISA, MASTERCARD, DISCOVER or AMEX

**(Note: This Registration Form must still be submitted to your group coordinator)**

- 1) Go to [www.mountsouthington.com](http://www.mountsouthington.com)
- 2) Select *Group Outings* from the main menu
- 3) Select *Group Participant Registration*
- 4) Enter your Group Number & Password (see your Coordinator)
- 5) Confirm your group name in top left corner before proceeding
- 6) Follow directions and write transaction # from receipt, below

**My Online Transaction # Is \_\_\_\_\_**

**Read & Sign the waiver on the back & hand this form to your Coordinator**

All Reg. Forms & Fees should be returned to the sponsoring organization. Please return to \_\_\_\_\_ by \_\_\_\_\_

**MOUNT SOUTHLINGTON SKI AREA**  
**GROUP PROGRAMS WAIVER, ASSUMPTION OF RISK, RELEASE & ARBITRATION AGREEMENT**

In consideration of being allowed to participate in a group program (the "Program") at Mount Southington Ski Area (the "Facility"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Facility, Mount Southington Limited Partnership (the "Partnership"), and/or Mount Southington Restaurant and Lounge, Inc. (the "Lounge") arising out of the inherent risks of participating in the Program;
- 2) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE PROGRAM;** and
- 3) **TO RELEASE** the Facility, the Partnership, the Lounge, their owners, affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in the Program, which include, but are not limited to, the instruction received while participating in the Program.

The Participant acknowledges and agrees that the inherent risks of participating in the program are in addition to those referenced in *Connecticut General Statutes § 29-212*. The participant acknowledges and agrees that it is their responsibility to close the restraining device on the chair lift, as referenced in *Connecticut General Statutes § 29-213*. The Participant also acknowledges that this agreement does not, in any way, change the rights or obligations of the Facility, the Partnership, the Lounge, or the Participant, as set forth in *Connecticut General Statutes § 29-211, et. seq.*, other than as set forth in this agreement.

**Arbitration**

The Participant hereby agrees to submit any dispute arising from participation in the Program to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in by the Participant while participating in the Program. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. **In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant's participation in the Program, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from the Facility, the Partnership, and/or the Lounge.** In the event that the Panel determines the alleged injury did not arise from a risk inherent in the activities engaged in during the Program, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the United States District Court, for the District of Connecticut, for a trial *de novo*.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PARENT/GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18.

Participant's Signature \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
Participant's Signature \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
Participant's Signature \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
\*\*PARENT/GUARDIAN SIGNATURE \*\* \_\_\_\_\_ DATE \_\_\_\_\_

***Group Name*** \_\_\_\_\_ ***Family Name*** \_\_\_\_\_

**Group Make-Up Procedure:**

1. In the event your Group misses a ski day; a Group make-up day will be re-assigned by Mount Southington in conjunction with your group coordinator.
2. **Members should not put their lift tickets on until the day of the ski trip. If a day is cancelled, that lift ticket will be used for the make-up day. For example, if your group misses Jan. 9 and your make-up day is scheduled for Feb. 6, members will wear the Jan. 9 ticket on Feb. 6.**
3. In the event Mt. Southington closes for the season (before your Group completes its scheduled program) remaining unused tickets are valid for their face value the following season towards the purchase of a ticket at the ticket window. See ticket redemption information below in the **individual make-up procedure**.

**Individual Make-Up Procedure:**

1. If an individual misses a scheduled ski day, any remaining unused **lift tickets and rentals may be evenly exchanged at the ticket window during the Ski Club time slot** (Excluding Martin Luther King Day 1/15/2018 and February Break 2/19 - 2/20/2018) **during the current season.** The Ski Club time slot is Monday thru Friday 3pm-8pm (non-holiday periods).
2. **NOTE: Lesson make-ups will not be available on an individual basis; they must be made up with your group, otherwise the lesson is forfeited.**
3. All unused tickets may be redeemed for their face value (printed on ticket) towards the purchase of any ticket type at the ticket window anytime during the current season. *They cannot be used towards future Ski Club purchases.*

**Refunds:**

1. A refund is issued **only** in the event a student is out for the remainder of the season **due to illness or injury**. This request needs to be in writing and accompanied by a doctor's note and the remaining unused lift tickets.
2. Any ticket type changes needed after tickets have been printed are subject to a \$10 Administrative Fee

**Lost Tickets will not be replaced.**

**Please copy for your records.**

<b>GROUP NAME:</b>	Last Name: _____	Your Renter Identification Number Is:
	First Name: _____	

<b>SNOWBOARD RENTAL FORM</b>	Boarder Type	I	II	III
	(circle one)	Beginner	Intermediate	Expert

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ US Shoe Size: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

<b>USER OR PARENT/GUARDIAN SIGNATURE REQUIRED ON REVERSE SIDE</b>	<b>RENTAL STAFF USE ONLY</b>
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Trip Date	Snowboard Number	Boot Size	Goofy	Reg.	Tech. Initials

PLEASE READ BEFORE SIGNING

**EQUIPMENT RENTAL AND LIABILITY RELEASE AGREEMENT**

I understand that the ski binding system cannot guarantee the user's safety. In downhill skiing, the binding system will not release at times or under all circumstances where release may prevent injury, nor is it possible to predict every situation in which it will release. In snowboarding or snow blade use, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation.

I hereby accept the rental skis or snowboard noted on reverse side. I verify that the visual indicators on my bindings correspond to the setting on the rental form. I feel the binding adjustment is proper for me. No misrepresentations have been made regarding my height, weight, age or ability. I recognize that any binding may not release under certain falls and recognize the fact that there is an inherent danger in the use of any ski or snowboard equipment. I agree to hold the equipment manufacturer, Mount Southington Ski Area, Inc., and Mount Southington Limited Partnership and its owners, officers, agents and employees harmless and blameless of any accident or injury which I might receive related to the use of the equipment. I agree to reimburse the lessor for any loss or damage of equipment other than normal wear. All instruction of the use of the equipment has been made clear to me and I understand the function of the equipment.

I the undersigned, have read and understand this Equipment Rental and Liability Release Agreement.

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If minor, Parent/Guardian's signature required)

Parent/Guardian: In the case of ski programs where Parent/Guardian will not be present, Parent/Guardian gives permission to have Mt. Southington's trained technicians adjust the rental equipment to the proper settings. And if the equipment user is a minor, I verify that I am the parent or guardian of the minor and have authority to enter into this agreement on behalf of the equipment user and I agree to be bound by the terms and conditions of this agreement.

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

<b>GROUP NAME:</b>	Last Name: _____ First Name: _____	Your Renter Identification Number Is: _____
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# SKI RENTAL FORM

Skier Type	I	II	III
(circle one)	Beginner	Intermediate	Expert

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ US Shoe Size: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

<b>USER OR PARENT/GUARDIAN SIGNATURE REQUIRED ON REVERSE SIDE</b>	<b>RENTAL STAFF USE ONLY</b>	<b>MONDO SHOE SIZE:</b> _____ (Use measuring device)
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Trip Date	Ski Number	Boot Size	Boot Sole Length	Track Number	Toe R/L	Heel R/L	Binding Type	Tech. Initials

*PLEASE READ BEFORE SIGNING*

## EQUIPMENT RENTAL AND LIABILITY RELEASE AGREEMENT

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