



P. O. Box 317
Government Camp, OR 97028
Phone/Fax 503-337-2230

OFFICIAL RECEIPT AND CONFIRMATION FOR
OREGON HIGH SCHOOL SPRING SKI CAMP 2019

Thank you for registering for the Oregon High School Spring Ski Camp to be held at Timberline Lodge on April 27-28, 2019. The balance of the Coaching fee/Lodging fee/Transportation fee is due on or prior to April 27 (or April 28 if you are only training on Sunday).

Enclosed is a Questionnaire and a Medical and a Liability Release. Each requires your signature and the signature of your parent or guardian. Please also fill out Timberline on-line release form even if you already filled one of those out for your high school team this past winter. We need the forms before you begin training.

ARRIVALS

Training will begin on Saturday at 8:30am at Timberline Lodge in the Wy'East Day lodge near the Smokey-the-bear. Please be on time. If you are staying at **The Lodges at Salmon River Meadows**, (MHSSC lodge) you can come early that morning and drop off your luggage before skiing. The Lodges is 5 miles south of Government Camp on Hwy 26 next to the gas station.

If you haven't done so already, we will need you to call us and confirm your Lodging with us prior to April 25, as space is at a premium. The cost for lodging is \$45.00 per night, which includes lodging and dinner/breakfast. There is an extra fee (\$10) for transportation to and from Timberline.

DEPARTURES

Training will end around 3:30 PM on Sunday. You can have your parents meet you at Timberline Lodge.

LIFT TICKETS:

Lift Tickets are NOT included in the coaching fee. Participants will need to purchase their own lift tickets or use their season pass or Fusion Pass.

Sincerely,

Mike Annett, Director
Mt. Hood Summer Ski Camps, Inc.

OREGON HIGH SCHOOL SPRING SKI CAMP 2019
QUESTIONNAIRE AND MEDICAL RELEASE

NAME _____ SEX _____ BIRTHDATE _____

ADDRESS _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Name of parent or guardian (or person to contact in emergency): _____

Mom _____ TELEPHONE(____) _____

Dad _____ TELEPHONE(____) _____

MEDICAL AND HEALTH INFORMATION

****Each camp participant must have his own health and accident insurance.****

Medical insurance plan _____ Policy # _____

Social Security number of policy holder _____

Family Doctor _____ Phone # _____

Are you allergic to any medication? YES _____ NO _____ Which one? _____

Any other allergies? _____

Are you currently taking any medication? YES _____ NO _____ What? _____

Are you currently in rehabilitation for any injuries? YES _____ NO _____
(If yes, include Doctor's release)

Date of last tetanus shot. _____

MEDICAL RELEASE:

I hereby grant permission for the directors of Oregon High School Winter Break Ski Camp to obtain emergency medical treatment and surgery for _____ in case of injury or illness. I recognize that all possible attempts shall be made to contact me.

Date: _____

Signature of camper or parent if under 18



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SKI CAMP RELEASE OF LIABILITY

1. I am aware that skiing, rock climbing, hiking and ski mountaineering are hazardous sports that include certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in the ski area/mountain environment.
2. I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
3. I agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** Mt. Hood Summer Ski Camp, Inc., and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for injury or damage resulting from any cause, including but not to exceed ordinary negligence as allowed by the state of Oregon, which arises out of participation in or travel to and from Mt. Hood Summer Ski Camp. This release is also binding as to any other persons, including all family members, heirs, and executors.
4. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from Mt. Hood Summer Ski Camp. I also agree to **RELEASE, HOLD HARMLESS, and INDEMNIFY** Mt. Hood Summer Ski Camp for any claims brought by or on behalf of the minor.
5. This release does not apply to gross negligence or intentional acts.

STUDENT

DATE _____

PARENT OR LEGAL GUARDIAN IF UNDER 18