

# Ski Club All Day Trip!

Friday, February 10, 2023

9:15 a.m. - 2:15 p.m.

## Alpine Valley

W2501 Co Rd D, Elkhorn, WI 53121

[\(262\) 642-7374](tel:(262)642-7374)

The Ski Club will be going to Alpine Valley for our all day ski trip on February 10, 2023. Any **skier** or snowboarder who has attended **one** of the Alpine Valley Friday Night Ski Trips is eligible to attend this trip.

**ALL PERMISSION SLIPS AND FEE ARE DUE BY**  
**Monday, Feb.6, 2023, at NOON in the school office.**  
**NO EXCEPTIONS**

# St. Joe's All Day Ski Trip

Date: 2/10/2023

9:15 a.m. - 2:15 p.m.

## FOR THE STUDENT

Student Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_

\_\_\_\_\_ Ski                      \_\_\_\_\_ Board

Lift Ticket		\$25.00	_____
Rental	Complete electronic form online	\$25.00	_____
Bus		\$10.00	_____
Helmet	Complete electronic form online	\$15.00	_____
Food Pass		\$13.00	_____

The pass includes: Main Item Choice (1): Hot Dog, Corn Dog, Cheeseburger, Hamburger, Pizza slice, Chicken or Cold Sandwich/Wrap (Ham or Turkey) Choice of Side(1): Fries or whole fruit Banana/Apple and 1 fountain drink or milk

**Total**

## FOR THE PARENT CHAPERONE

Parent Name: \_\_\_\_\_ Phone# \_\_\_\_\_

_____ Ski		_____ Board	
Rental	Complete electronic form online	\$25.00	_____
Bus		\$10.00	_____
Helmet	Complete electronic form online	\$15.00	_____
Food Pass		\$13.00	_____

**Total**

Ski Club Date **Friday, February 10, 2023**

Student Name: \_\_\_\_\_

It is absolutely critical that I am able to reach a parent at all times during the Ski Club outings that your student will attend. I need to be able to contact you in the event of illness or injury. Please provide us with the following numbers:

Home Phone: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Number: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Number: \_\_\_\_\_

Consider where you will be that day/evening: \_\_\_\_\_

Number: \_\_\_\_\_

If you cannot be reached at any of the above numbers, how may I contact you?

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EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Family primary doctor \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_

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

Thank you for providing me with this information. I know it is a duplication of some of the information on the permission slip; however, I would like to thank you for filling out both forms as accurately as possible.

Pam Duffek, [pduffek@waukeshacatholic.org](mailto:pduffek@waukeshacatholic.org)  
Emma Erdman, [eedman@waukeshacatholic.org](mailto:eedman@waukeshacatholic.org)  
Ski Club Advisors



PARENT/GUARDIAN PERMISSION SLIP FOR FIELD TRIP AND INDEMNITY AGREEMENT

NAME OF STUDENT:	
NAME OF PARENT/GUARDIAN:	PHONE:

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described as follows:

PARISH/SCHOOL:	DATE OF TRIP:
Waukesha Catholic St. Mary Campus Ski Club	Friday, February 10, 2023
DESTINATION/ACTIVITY:	
Middle School Ski Club to Alpine Valley W2501 Co. Rd. D, Elkhorn, WI 53121	

A separate detailed itinerary and parent consent must be provided for high-risk activities.

DESIGNATED TEACHER/SUPERVISOR:	PHONE:	
Mrs. Duffek & Ms. Erdman / Parent Chapeones	262.896.2932x1316	
MODE OF TRANSPORTATION:	DEPARTURE TIME:	RETURN TIME:
First Student	09:15AM	2:15PM
STUDENT COST (IF APPLICABLE):		
See Ski Order Form		
PLEASE COMPLETE FORM AND RETURN BY:		
Friday, February 3, 2023 No later than Noon		

MEDICAL INFORMATION AND RELEASE:

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

On field trips that occur during the length of the school day, any prescription medication already provided to the school will be carried and administered by staff.

If you are unable to reach a parent/guardian at the above number, contact:

ALTERNATE CONTACT NAME:	PHONE:
PERTINENT MEDICAL CONDITIONS:	

FIELD TRIP CONSENT AND RELEASE:

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school Which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

PARENT/GUARDIAN SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

- Yes, I am available to chaperone. I can be reached at: \_\_\_\_\_
- Check the box if you opt out of any image, photograph, or video of your child to be posted or published to social media by any chaperone or school personnel for this field trip.

This form is for Chaperones only!

**ADULT VOLUNTEER HOLD HARMLESS/INDEMNITY AGREEMENT**

PARISH/SCHOOL/AGENCY: Waukesha Catholic-St. Mary Campus

ACTIVITY PARTICIPANT OR VOLUNTEER: \_\_\_\_\_

DATES OF ACTIVITY: Friday, February 10, 2023

TYPE OF VOLUNTEER ACTIVITY: Chaperone Ski Club to Alpine Valley

The above named ACTIVITY PARTICIPANT OR VOLUNTEER agrees to defend, protect, indemnify and hold harmless the above named PARISH/SCHOOL/AGENCY against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT OR VOLUNTEER or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named ACTIVITY at the above named PARISH/SCHOOL/AGENCY.

The ACTIVITY PARTICIPANT OR VOLUNTEER understands that the PARISH/SCHOOL/AGENCY does not provide any health, accident, or disability insurance for ACTIVITY PARTICIPANT OR VOLUNTEER and certifies that he/she has adequate health and disability insurance that will respond to any illness or injury that may occur during the ACTIVITY.

Additionally, the above named ACTIVITY PARTICIPANT OR VOLUNTEER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH/SCHOOL/AGENCY from any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH/SCHOOL/AGENCY by the above named ACTIVITY PARTICIPANT OR VOLUNTEER or their family members whether such claim arises from the alleged negligence of the PARISH, its employees or agents or ACTIVITY PARTICIPANT or VOLUNTEER'S negligence.

SIGNATURE: X \_\_\_\_\_

PRINTED NAME: X \_\_\_\_\_

DATE: X \_\_\_\_\_