

Ski School Registration Form - return to Brighton

Submit one form per FAMILY

Adult Name _____

Phone Number _____

Email _____

FAMILY INFORMATION		A	B	C
Participating Student Name	Age/Grade	Ski School fee	Bus - \$275 per Rider	Ski School Fee + Bus Subtotal
		\$40	+	=
		\$40	+	=
		\$40	+	=
		\$40	+	=
Participating Adult Name (even if you are not taking lessons)		No Adult fee	Bus - \$275 OR \$175 if chaperone 2 skiers	Bus Subtotal
		\$0	+	=
		\$0	+	=
Total Column C				

Choose your payment option:

Automatic Withdrawal

Check payable to "Brighton School"

Credit Card (2% fee)

CHAPERONE DETAILS	
<p style="text-align: center;">I am an adult Chaperone</p> <p>I will chaperone the following students: (include your own children)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">I need an adult Chaperone</p> <p>My child will be chaperoned by:</p> <p>Chaperone's name _____</p> <p>Phone number _____</p> <p>Chaperone's email _____</p> <p><input type="checkbox"/> <i>We need a staff member to chaperone our child.</i></p>

Brighton School
21705 58th Ave W
Mountlake Terrace, WA 98043

BRIGHTON SCHOOL FIELD TRIP PERMISSION AND EMERGENCY MEDICAL AUTHORIZATION

Date _____ Dates of Trip: _____ Name of Trip: _____
Location: _____ Field Trip Fee: _____ Teacher: _____
Time of Trip: _____ Return Permission Slip By: _____
Purpose of Trip: _____

Transportation: _____ Commercial Transportation _____ School Bus _____ Other (explain) _____
Snack needed: Yes / No Lunch needed: Yes / No Special Notes: _____

Student's Name _____ Grade/Age _____

Permission

By signing below, I, the undersigned, being the parent(s) or legal guardian(s) of the above named student (the "Student"), hereby voluntarily request and give permission for the Student to participate in the field trip session described above (the "Session").

Medical Authorization

I understand that while the Student is on participating in the Session, an emergency may develop which necessitates medical, dental, surgical care or hospitalization. Where possible, staff and faculty of Brighton School (the "School") will contact me prior to such treatment. However, this may not be practical depending on the nature of the emergency. Accordingly, I hereby authorize the School, through its staff, faculty, agents and volunteers, to act in my place in my absence and to give such authorization. This authorization is intended to give such staff, faculty, agents and volunteers of the School the right to give consent not only to authorize emergency diagnostic procedure, medical, dental, surgical care and hospitalization for the Student while participating in the Session, but also for any diagnostic, medical, dental, surgical care and hospitalization for the Student that the person so designated deems advisable, and which the physician, dentist, or hospital personnel in said person's judgment may deem advisable.

I represent that the Student is in good physical condition and I am not aware of any disease or injury that might be aggravated or result in the Student's being incapacitated or injured during participation in the Session.

General Release and Indemnification

I understand that participation in the Session is entirely voluntary. I agree that in consideration of the School sponsoring the Session and permitting the Student to participate, I will not attempt to hold the School, Nobel Learning Communities, Inc., and its or their respective subsidiaries, officers, directors, employees, agents or volunteers (collectively, the "Released Parties") liable in damages for any injury, death or loss to person or property sustained by the Student while participating in the Session. **I have read this release, and understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions. By signing this form, I also agree, for myself, my representatives and assigns, to release and hold harmless the Released Parties from any legal claim or liability for bodily injury and personal property damage that is caused to the Student while participating in the Session.**

I understand that this form is in effect from the date signed and furthermore that it is my responsibility to notify the School with any changes to this form.

Signature of Parent/Guardian _____ Date _____

Address _____

Phone (Day of Trip) _____ Fax _____

Signature of Student _____ Date _____

Special Notes: Please list any special student health concerns (allergies, diabetes, heart disease, etc.):

The following special medications, prescriptions or special diets are needed: (separate Permission for Medication Administration at School form required for all medications)
