

Stratton Mountain School

7 World Cup Circle · Stratton Mountain, Vermont 05155 · 802-297-1886

CAMP and GUEST FORM 2017-2018

Athlete Name: _____ **SMS Camp (sport):** _____

DOB: ____/____/____ **Gender:** _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Guardian Name: _____ **Guardian Cell Phone:** _____

Guardian Name: _____ **Guardian Cell Phone:** _____

RELEASE

I understand that competing and training in ski racing, snowboarding, nordic skiing, freestyle skiing and free skiing, and all other activities relating to the Stratton Mountain School programs are inherently dangerous and physically demanding activities and that serious personal injury to the above athlete is possible. I acknowledge and accept the inherent dangers of physical injury to participants in these activities, and hereby agree to allow the above athlete to participate in all such activities. I hereby assume full responsibility for any and all damages, injuries, or losses that my child may sustain or incur while attending, training, participating, traveling to/from or witnessing in any program or sport occurring in or about the Stratton Mountain School premises or at any off site location. I assume full risk, waive all claims and release and hold Stratton Mountain School and its instructors, or partners of said program or event, individually or otherwise, harmless for any and all claims for injuries or damages. In consideration of my child's participation in and the use of the Stratton Mountain School facilities, I hereby release and covenant not to sue the Stratton Mountain School, its directors, employees, representatives, lessees, and agents from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Stratton Mountain School.

I/We have read and understand this release and voluntarily, willingly and knowingly have executed this release as evidence of our agreement to all of its terms.

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL CONSENT

I/We the undersigned, as parent(s) and/or legal guardian(s) of the above athlete, recognize that medical treatment may become necessary during the above athlete's travel and participation in the Stratton Mountain School programs. In the event of an emergency requiring treatment, surgery or the administration of other medical services, permission is granted by myself, as the parent and/or guardian of the above named athlete, to the Stratton Mountain School coaches and staff to act on his/her behalf, should attempts to contact myself prove to be unsuccessful. I/We hereby empower the coaches and staff of Stratton Mountain School to authorize, on my/our behalf, recommended medical treatment by any doctor, emergency medical technician and/or paramedic that is advisable for the care and treatment of the above named athlete.

This authorization is complete in and of itself and is fully operative upon my signature for the duration of the above athlete's participation in Stratton Mountain School athletics.

Parent/Guardian Signature: _____ **Date:** _____

I/We, the undersigned, represent that I/we have sought the opinion of (name the athlete's physician/pediatrician) _____, and they concur that this above named athlete is fully capable of participating in the physical demands of the Stratton Mountain School athletics.

Parent/Guardian Signature: _____ **Date:** _____

For athletes enrolling in any SMS camp:

MEDICAL HISTORY AND INSURANCE INFORMATION

Family Physician's Name: _____ Phone: _____ Date of recent Tetanus Booster: _____

Allergies:(food, drugs, other) _____

Current Medications: _____

List any pre-existing conditions (asthma, epilepsy, diabetes, head injuries/concussions, fractures, surgeries, severe sprains/strains, hemophilia) and explain:

Medical Insurance Company: _____ **Policy Holder:** _____

Policy Number: _____ **Co. Phone:** _____ **Policy Holder's Date of Birth:** _____

Include a copy of the athlete's medical insurance card with this form

This form must be completed and returned to SMS in order to take part in SMS athletics

Updated: May 2017