Skier Transfer Form

Registered Skier: Name	Grade	Phone	
Registered Skier: Name			
understand that severe misbehavior on their part jeop trips without refund. I've informed them they marrangements are strictly between us with no involve nor Mohawk Mountain.	pardizes <u>my</u> future participat ust ride the same bus I no	ion for the remainder of the ormally ride. Any financial	
Signature of original skier's parent:	Date	Date	
	ermission Slip cement Skier)		
Name of Skier	Address		
Phone # Age	Grade E	Birth Date/	
Mother's Name	Father's Name	Father's Name	
Other person (after we tried you at home and your cell/page	•	ed) we should call in case of	
emergencyname	phone		
Doctor's Name			
Does child have allergies or special needs?			
"By my signature, I do hereby acknowledge that participation in a participation governed by the Connecticut General Statutes, Recreational Land Use Act and may be further governed by Congenerally absolves the Town of Monroe, the Parks and Recreational Mountain Ski Area and its staff and its volunteer chaperones of a which may result directly or indirectly by participation in this act inherently contact oriented and as a consequence thereof can waived all claims which may result against all of the aforesaid into the event of illness or injury to the above - named child and a the child informing them of such injury, the ski program is here doctor.	Sections 52-557f through 52-555 connecticut General Statute, Section Department and Commission, all liability including claims and suitivity. I further acknowledge that and sometimes do lead to injury dividuals and entities."	71, commonly referred to as the ons 52-557n and 52-557m, which the Board of Education, Mohawk ts at law or in equity for any injury sports activities such as skiing are y and I further realize that I have or reach the parents or guardian of	
I ALSO UNDERSTAND AND AGREE THAT AS A RESUL BEHAVIOR ON THE PART OF MY CHILD I WILL PICK HI ELSE ALONG THE TRIP'S JOURNEY.			
Signature of parent or guardian	Date		