



SMS Winter Activity Days

2nd-8th Grade

March 4th, 5th, 6th, 2020

Return all forms completed NO LATER than Wednesday 2/26/20

(One form per child)

SMS is planning the following winter activity days for our 2nd-8th grade students: Wednesday, March 4th, Thursday, March 5th and Friday, March 6th, with the generous support of the Sun Valley Company & our staff and parents, we are looking forward to three (3) fun-filled days of activities! There is a lot of important information below, so PLEASE READ CAREFULLY!!

Winter ACTIVITY choices:

Students will have the OPTION of skiing or snowboarding on Baldy or Dollar for 3 days

OR X-country skiing @ GALENA on 3/4, Snowshoeing on 3/5@ CRATERS OF THE MOON and Snow sculptures/sledding on 3/6 @ CROY CANYON with Nigel & company.

- Syringa NEEDS parent chaperones to drive students and participate. FILL out volunteer form and return with packet.
- Students will leave the school around 8:30 am and return to the school before 2:45 pm for regular pick-up. We will be transporting students via parent's personal vehicles and the SMS vans.
- Lunches, water bottles and snacks will be needed for all three (3) days. We DO NOT allow children to purchase anything at the ski lodges. Please leave resort charge and ski passes at home.
- **Ski RENTALS- NO SNOWBOARDS are available for \$30 (\$10 per day).** Fill out information form and return with payment. Scholarships available.
- XC ski RENTALS are available for \$6. Please send in with forms.
- LABEL children's clothing and gear.
- ALL gear can be dropped off at SMS by TUESDAY, MARCH 3rd. Please DO NOT send gear on Mt. Rides bus with students.
- KEEP this page for reference.
- RETURN all others pages signed, by Wednesday, February 26th, 2020.
- Any questions, contact your child's teacher.

NECESSARY GEAR for WINTER ACTIVITY DAYS

- | | |
|-------------------------------|--|
| ❖ Ski/Snow pants-no jeans | ❖ Sunglasses for outside activities |
| ❖ Skis/boots/poles/snowboard | ❖ Warm layers and neck gator/scarf |
| ❖ Winter Jacket/Parka | ❖ Helmet (SKIER/SNOWBOARDER) |
| ❖ Waterproof gloves | available at ski shop if needed |
| ❖ Goggles (SKIER/SNOWBOARDER) | ❖ Sunscreen & lip balm (optional) |

Activity Day Permission Slip: Important – Must return all the following pages by Wednesday, Feb. 26th

Child's Name: _____ Grade: _____

- I, (parent name) _____, do hereby give my permission for my child _____ to participate in Syringa Mountain School's Winter Activity Days, Wednesday March 4th, Thursday March 5th, Friday March 6th on Dollar or Baldy Mountains, or at Galena/SNRA, Craters of the Moon and Croy Canyon. I understand my child may be riding with another parent and/or be taking Mountain Rides bus transportation and that there are certain inherent risks involved in alpine skiing/snowboarding and X-Country Skiing/snowshoeing.

Field Trip Medical Waiver: (proof of insurance is also required)

**** (must be signed for student to participate) Student Injuries/Medical Costs:**

Student's full name:

Grade:

It is important for parents to understand that even with Syringa Mountain School taking the greatest of all precautions and having close supervision, accidents unfortunately can happen. Syringa Mountain School carries only liability insurance, meaning that we do not carry health insurance that will cover the cost of medical expenses resulting from an injury that a student may sustain while attending school or during off-campus activities and field trips. Parents/Guardians should be prepared for possible medical expenses that may arise if their child is involved in an accident at school or on school field trips.

Waiver/Release/Assumption of Risk

I/we _____, in consideration of the educational programs to be provided to my child, _____, on behalf of myself/ourselves and my/our child, release, waive, hold harmless and forever discharge Syringa Mountain School (the "School"), its officers, directors, employees, volunteers, independent contractors, agents and/or representatives of any kind, from any and all liability for all actions, all bodily injury and property damage claims, demands, or damages accruing to me/us resulting from any known or unknown injury, loss, or damage to person or property, or death, together with any attorney's fees and costs of litigation including, but not limited to those on appeal or in bankruptcy court, sustained or incurred by me/us, my/our child or any third party on or about the School premises or off premises during field trips, while my child is participating in any of the School programs. I/we agree to assume all risks of activities at the School and acknowledge that I/we are aware of the risks inherent in allowing my child/children to attend the School and its programs. I/we agree this waiver and release shall legally bind me/us and my/our child, and my/our heirs, trustees, personal representatives and assigns. I/We are aware that we are releasing certain legal rights by this Contract that we otherwise might have.

I have read and understand that the medical costs for injuries that occur at school or during off-campus activities are the parent/guardian's responsibility.

Parent/ Guardian Signatures:

Date:

Parent/ Guardian Signatures:

Date:

Medical Consent

I hereby consent to the treatment of my minor child by a medical physician or medical personnel at any hospital or temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to my minor child while on the school grounds of Syringa Mountain School or on a school sponsored field trip. This consent shall include, but not be limited to, any surgery deemed required or desirable for the immediate health and medical treatment of my child. **This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment.**

This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Parent/ Guardian Signatures:

Date:

Parent/ Guardian Signatures:

Date:

Important: All students must have health insurance to participate in our Activity Days.

We need to have proof of insurance registered in the office on or before **Wednesday, Feb. 26th**.

Please provide the following information:

Student Name: _____

Insurance Provider: _____

Policy Number: _____

If you do not have health insurance, you may purchase it online for a nominal fee of \$29.00. Proof must be sent to the office **NO LATER Than Feb. 26th if purchasing. A sheet with enrollment instructions is attached. Please call the front office with questions.**

Skier/Boarder Skill Information

Child's Name: _____ Grade: _____

Please be honest about your child's abilities to help us make the day the most enjoyable for everyone!

Please check those that apply:	Ski/Snowboarding	
•	Beginning Skier (has never skied before or only on Dollar)	
•	Intermediate Skier (skied Dollar, has been on Baldy)	
•	Advanced Skier (skis most of time on Baldy)	
•	Intermediate Snowboarder <u>We are NOT ABLE to accommodate beginner snowboarders – snowboarders must be able to make heel/toe turns competently down a full run.</u>	
•	Advanced Snowboarder	
•	My child has their own equipment	
•	My child needs to rent equipment (attach \$30 Check) Height:_____ Weight:_____	
Sponsor a student!	We have some students that are in need of help with the cost of rentals & insurance. Any amount is appreciated, but rentals will run \$30 for the three (3) days this year, insurance \$29. If you are able to help – please enclose a check payable to SMS. Thank you so much for your help!	
Circle child's Mountain Preference	Dollar	Baldy
	2nd Graders/BEGINNERS ON Dollar ONLY	
	Snowshoeing/Cross-Country Skiing	
•	My child has their own Cross-Country Skis	
•	My child needs Cross Country skis	

Parent Volunteers Needed!

Yes I can help as a Parent Volunteer!

Parent Name: _____ **Cell #:** _____

Child Name: _____ **Grade:** _____

We appreciate your interest in helping! These are such fun days for the students and we cannot pull them off without your help! We will need several parents to volunteer to drive children and to chaperone for each ski day. We will take your preferences into consideration, but please know we may not be able to accommodate all requests. Volunteers are needed to ski with groups, alternative activity groups, and also to be lodge parents, helping with bathroom trips, rest breaks, to bring a warm drink for the children etc. Please fill out the information below if you are interested in helping. Volunteers will have very specific responsibilities and groups of children they are responsible for during the course of the whole day.

If volunteering, please put check marks next to all that apply to you:

**MANDATORY VOLUNTEER PARENT MEETING- Monday, March 2nd @
5:30-6:00 PM**

Ski/Snowboarding in Sun Valley

- Grade I prefer to be placed with _____ 2nd choice: _____
- Preferred Mountain: _____
- Available to ski chaperone: March 4th _____ March 5th _____ March 6th _____
- I am a Skier: _____ Snowboarder _____ Lodge Parent _____
- Level of ability: Intermediate _____ Advanced _____
- I have a vehicle that could transport skis and _____ #of children if needed

ALTERNATIVE Activities

- Cross Country Ski Chaperone (March 4th) _____
- Snowshoe Chaperone (March 5th) _____
- Croy Canyon Chaperone (March 6th) _____