



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Cedar Grove Recreation Mountain Creek Ski Trips

“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec for news and/or cancellations.

- **Who:** Preference given to 6th-8th grade students
(High School students will be permitted if space allows)
- **Transportation:** Bus will leave Town Hall parking lot at 2:00pm sharp. Skiing will take place from 3-9pm. Bus will return to Town Hall lot at approximately 10pm.
- **When:** **Sundays:** January 6th, 13th, 27th and February 10th.
- **Fee:** **\$65.00 for bus transportation.** Bus registration must be paid to the Rec Department prior to paying online for Mountain Creek passes.
Registration for ski passes ends on November 27th, 2018.

Notices, Registration Procedures & Supervisors: NJ State law requires all ski & snowboard participants age 17 and under to wear ski helmets while on the trails and lifts. **Payment procedures are as follows;** you must register for the bus first, checks made payable to Township of Cedar Grove. **Once your bus registration is completed at the CG Rec Dept. including this form and medical waiver,** you will receive the log on information and passwords you will need for the Mountain Creek online registration for season passes, lift tickets and rentals. Season Pass is \$229.00 if registered before Nov. 19th or \$249.00 after that date and 4 Trip Pass is \$129.00.

Supervisors: Trips will be chaperoned by 3 experienced advisors, who will be on the mountain assisting and watching the skiers.

Mountain Creek Ski Trip 2018

SKIERS NAME _____ AGE _____ GRADE _____

ADDRESS _____ HOME PHONE _____

PARENT'S NAMES & CELL PHONE _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) _____

I hereby give permission for my child to participate in this program. I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury incurred by my child while playing or practicing. My child is in good health and able to participate without restriction. I am providing an emergency number should I not be present while my child is at practice or a game. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should my child need treatment in my absence. I am also signing below to insure that I read and understand all information provided on this form.

Parent/Guardian Signature _____ Date _____

\$65.00

Cedar Grove Youth Ski Trip

EMERGENCY MEDICAL FORM

Participant: _____

Address: _____

Home phone: _____ Email address: _____

Emergency phone: _____ Date of birth: ____/____/____

Parent/guardian name (s): _____

Is participant covered by medical insurance? YES NO

Insurance carrier - Company: _____ Policy#: _____

Blood type (if known): _____

Is participant on any medication? YES NO

Type, dosage, etc. _____

Does participant have any respiratory ailments? E.g. asthma? If Yes, type below. YES NO

Does participant have any allergies? If Yes, type below. YES NO

Are there any medications that participant **CANNOT** take? If Yes, type below. YES NO

State all other information that emergency care personnel should know

Participant's Physician : Dr. _____ Tel # _____

In the event of a medical emergency, I grant Steve Sinisi or Jack Koch authority to obtain emergency medical treatment for above named participant.

_____/_____/_____
Date

Parent/Guardian's Signature

NOTE: Return this form to Recreation Department