

Student's Name: _____

Senior Class Ski Trip— Elk Mountain Ski Area, Union Dale, PA

Date: Wednesday, March 1st to Friday, March 3rd, 2023

Drop Off Time: 6:45 am Wednesday, March 1st. (Leaving 7:00 am High School Entrance)

Pick Up Time: 4:00 pm Friday, March 3rd. Parents should be waiting at the High School entrance.

Food: We will be making breakfast Thursday & Friday. The students will need money for their lunch each day, as well as snacks. \$15 per day (\$45) should cover it. We will also supply dinner for Wednesday and Thursday night.

Transportation: CCA School Bus

Payment: Due in full by Friday, January 6, 2023. Please make checks payable to "CCA". The Parental Consent Form, Medical Release Form and Full Payment must be brought into school by January 6, 2023. If you have any questions, please call the High School Office at 215-969-2404 x268.

PARENTAL CONSENT FORM

I give permission for my child _____ to attend the Calvary Christian Academy **Senior Class Ski Trip** Wednesday, March 1st to Friday, March 3rd, 2023.

I hereby give my permission to have my child taken to a hospital and treated in case of emergency. In consideration of the named student being permitted to participate in the ski trip, we hereby release Calvary Christian Academy and its employees and agents from all liability for any harm, injury or death that the student may suffer while on the ski trip. We also agree to indemnify and save harmless Calvary Christian Academy and its employees and agents from any and all claims asserted by or on behalf of the named student arising out of participation in the ski trip. I give my consent for my son/daughter, a pupil of Calvary Christian Academy, to take part in the ski trip. I give permission for my child to receive medical care for any illness/injury. This includes use of over-the-counter medications such as Tylenol, Motrin, Cough/Cold Syrup, etc.

Parent Signature: _____

Print Name: _____ **Date:** _____

MEDICAL RELEASE FORM (Attach a copy of your medical card)

Parent/Guardian Information

Student Name: _____

Address: _____

City, State, Zip: _____

Birth Date: _____ **Age:** _____

Medical Insurance Co.: _____

Subscriber's Name: _____

Group or ID#: _____

Any drug and/or food allergy? _____

Parent(s) Name(s): _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Cell Phone: _____

Phone: _____

Email: _____

Email: _____

Student's Ski Information

Student's Name: _____

Check **one** of the following:

Ski rental for 3 Days - **\$250**

Snowboard rental for 3 days - **\$270**

I will bring my own equipment - **\$250**

I will not be skiing or snowboarding - **\$150**

Please enclose your check made payable to CCA.

Check **one** of the following (if needed):

Ski lesson

Snowboard lesson

NOTE: Snowboard lesson required

if you never snowboarded before.