



Essex Shipbuilders Athletic Association 2009 Ski and Snowboard Program Grades 3-12: Registration Form

The 2009 six-week program will run on the following Mondays:

January: 5, 12, 26 (NO SKIING on Martin Luther King Day, 1/19)

February: 2, 9, 23 (NO SKIING on President's Day, 2/16)

Bus leaves from Essex Elementary after school on the dates listed above. Bus returns to EES at 7:00 PM.

The prices below include transportation and insurance. The minimum cost for each participant is \$180 (lift ticket only). Lessons will be required for each participant unless a waiver is signed by a parent/guardian.

Participant Name: _____

Program selection, please check package(s) of your choice:

| Package | Total Cost |
|---|------------|
| <input type="checkbox"/> Lift Ticket Only | \$ 180 |
| <input type="checkbox"/> Lift Ticket & Lessons | \$ 230 |
| <input type="checkbox"/> Lift Ticket & Equipment Rental | \$ 270 |
| <input type="checkbox"/> Lift, Lessons & Equipment Rental | \$ 320 |
| <input type="checkbox"/> Helmet Rental | \$ 24 |

Total Amount Due: \$ _____

Registration forms and deposit of \$50/child are due by December 1st. Final payment is due January 2, 2009. Please email info@goesaa.org or contact Jeff Soulard at 978.768.3513 with any questions.

Mail Registration/Payment To:

ESAA - Skiing
PO Box 593
Essex, MA 01929

Essex Shipbuilders Athletic Association 2009 Ski and Snowboard Program Registration Form

Participant Information

Participant Name: _____ Date of Birth: _____ Gender: Male Female
Street Address: _____ City: _____ Zip: _____
Grade: _____ School: _____

Parent/Guardian Information

Name: _____ Address: _____ City: _____
Phone(s): _____
(include all work, home, cell #'s)

Medical/Emergency Information

In case of emergency, if I, or the family physician cannot be reached, I hereby authorize my child to be treated by certified emergency personnel (i.e. EMT, First Responder, ER Physician, etc.).

Family Physician: _____ Phone: _____
Address: _____ City: _____
Hospital Preference: _____ Insurance Co.: _____ Policy#: _____

Emergency Contact (1)

Name/Relationship to Player: _____ Phone: _____
(include work, home, cell #'s)

Emergency Contact (2)

Name/Relationship to Player: _____ Phone: _____
(include work, home, cell #'s)

Parent/Guardian Authorization

I hereby grant permission and authorize my child to participate in the ESAA Bradford Ski Program. I understand the possibility of injury inherent to this activity and realize that all risk or injury or loss of any kind is assumed by the registrant and/or legal guardian and will hold harmless and free of responsibility both instructors and the Essex Shipbuilders Athletic Association and/or their agents and representatives for any and all losses and/or injuries sustained by the registrant. My child has had an updated physical exam by our family physician and is fully insured by medical health insurance.

Authorized Parent/Legal Guardian

Date