

MT. HIGH SNOWBOARDING TRIP

Date: FRIDAY, January 14 OR February 18, 2022 (circle or highlight which date you're attending)

Ages: 12-17 years (7th -12th grade)

Depart: Teen Center parking lot at 6:15am. Please arrive by 6am to get checked in. 1375 East Janss Road, T.O. 91362

Arrive: Mt. High around 8:45am

Return: Leave Mt. High at 4:30pm.

Arrive at Teen Center at approximately 7:30pm. Teens may use the Teen Center phone to call for a ride if we arrive earlier than 7:30pm.

Fee: \$125 payable to CRPD. \$65 for season pass holders for Mt. High. **NO REFUNDS 48 HOURS PRIOR TO TRIP (2 BUSINESS DAYS).**

What to Bring:

*Snowboarding or ski equipment, warm clothes to board in and dry clothes to put on for the ride home.

*Money for food, or a large, packed lunch is a good idea, as well as sunglasses, Chapstick, sunblock, a hat and gloves.

*Clearly mark all belongings for quick identification. Remember, this is snow, it is cold and wet, layering is the best way to stay warm and dry.

Important Notice: CRPD required parent permission slip/waiver and proof of insurance must be submitted at least one day prior to departure.

Proof of medical insurance required to participate. A copy of your insurance card (covering participant) must be turned in at least one day prior to departing.

Staff:

Teen Services Coordinator

Youth Outreach Worker

**In the event of a family emergency, you can contact the Teen Center at (805) 494-5156. They will contact the staff on the trip immediately.

AUTHORIZATION FOR TREATMENT OF A MINOR

Print Last Name, First Name

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of my dependent.

It is understood that efforts shall be made to contact the undersigned in the event of a medical emergency, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

LIST ANY RESTRICTIONS: _____

BIRTHDATE(s): _____ LAST TETANUS/DIPHThERIA: _____

(DPT) BOOSTERS: _____ ALLERGIES TO DRUGS OR FOOD: _____

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION: _____

DATE: _____

Signature of father, mother or legal guardian

Address City State Zip

PLACE OF EMPLOYMENT: _____

Father or Guardian

Mother

TELEPHONE NUMBER WHERE PARENTS OR LEGAL GUARDIAN CAN BE REACHED:

Father (Guardian) Home Business

Mother Home Business

TELEPHONE NUMBER OF RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY (other than parent or legal guardian):

Relative/Friend Home Business

INSURANCE COMPANY(S) _____

Name

Policy Number

Expiration Date Verified by CRPD Agent's Name Phone Number

FAMILY DOCTOR: _____

Name

Phone Number

Additional adults who have your authorization to pick-up your child:

Name Phone Name Phone