

NDA Ski/Snowboard Trip

Dear Parents,

Once again NDA is offering a Ski Trip to Hidden Valley in Elkwater to all students.

Below is the information you need to know:

When: Wednesday, January 22, 2020

Where: Hidden Valley, Elkwater

Depart from NDA: 7:45 am (Please be at school by 7:15 am for attendance)

Arrive back at NDA: 4:30 pm (Please have a ride arranged for pickup)

Cost: Package Prices are attached.

How can I pay? **School Cash Online Only**

All students MUST wear a Helmet - Ski Hill Policy and MHCBE Policy

All students MUST take a lesson regardless of ability - Ski Hill Policy and MHCBE Policy

Additional Reminders:

- ❖ Students are responsible for all items brought on the trip.
- ❖ Dress appropriately.
- ❖ For lunch students can bring a bag lunch or buy food at the concession.
- ❖ If for some reason the ski trip has to be cancelled it will be announced early Wednesday morning on the local radio stations.

What do I need to do next? - Sign in to your School Cash account and pay for the ski trip. Read the Parent Information Sheet and fill out the Participation Registration/Consent Forms and return them to the school by FRIDAY, JAN 10, 2020.

If you have any questions, please don't hesitate to give me a call (403) 527-5118 or an email: neal.siedlecki@mhcbe.ab.ca

Thanks.

Neal Siedlecki

NDA Principal



NDA Ski Trip Package Prices

- The ski trip is optional, but we hope that students will take advantage of this opportunity.

Location: Hidden Valley, Elkwater

Date: Wednesday, January 22, 2020.

Rates: Paid through School Cash Only

A	Lift/Lesson/Rental/Helmet/Bus	\$60.00
B	Lift/ Lesson/Bus (Have own equipment)	\$50.00
C	Lesson Only (Have own pass & Equipment)/Bus	\$30.00
D	Helmet Rental	FREE

- Please return completed forms to the school ASAP.
- Payment on School Cash does NOT guarantee a spot on the ski trip until forms are completed and sent back to the school.
- Forms will not be accepted after Friday, January 10th, 2020.

Incomplete forms will be returned to the student.

Additional Info:

- Hidden Valley Ski Area requires all students to take a lesson.
- MHCBE requires all participants to wear a ski/snowboard helmet.
- Approximately 100 students are required to make this trip possible.

If you have any questions please feel free to contact me at the school.

Neal Siedlecki neal.siedlecki@mhcbce.ab.ca (403) 527-5118

Participant Registration / Consent Form

Dear parents, welcome to Hidden Valley Snow Sports!

Notre Dame Academy is offering the opportunity to Ski or Snowboard on January 22, 2020. Please complete the participant details below.

Name: _____ Age: _____ Homeroom: _____

Address: _____

Phone # (Home): _____ Phone# (Emergency): _____

Considerations (e.g. Allergies) _____

Lesson options: Please note NO changes from Ski to Snowboard or vice versa will be allowed on the day after lessons begin. Please be aware that by signing this, you accept responsibility for any loss or damage due to inappropriate use or failure to return the equipment on the agreed date of visit.

Hidden Valley offers several options for students. Please read the following carefully and select the options that are required for participation.

Type of lesson required:

Ski

Snowboard

Park:

Terrain Park is off limits to school groups. Mini-park is by adult supervision only

Acknowledgement of Ability Guide:

Skier Type 0 = Never Skied / Boarded before, Type 1 = Skis / Boards Conservatively on easy terrain. Type 2 = Skis / Boards Competently and controlled on moderate runs, Type 3 = Skis / Boards on all runs with higher, controlled, speed.

I have read the guide and agree that the participants Skier /Boarder Type is Type _____

Rental Information:

Height: _____ ft

Weight: _____ lbs

EQUIPMENT

Hidden Valley Ski Resort (Government of Alberta) provides rental equipment. Bindings on equipment reduce the risk of injury when falling. They will not release under all circumstances and they do not guarantee safety in all cases. I/we agree to waive any and all claims that I/we have or may have in the future against Hidden Valley Ski Resort (Government of Alberta) and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, sponsors, successors and assigns and the manufacturer or employees of these resulting in any loss, damage, injury or expense that I/we may suffer as a result of the use of equipment. I/we freely accept and fully assume all risks, dangers and hazards associated with the use of the equipment.

ASSUMPTION OF RISK

I/we are aware that skiing involves many risks, dangers and hazards and I/we assume all risk of personal injury, death or property loss resulting from any cause whatsoever including, but not limited to, the inherent risks of skiing and snowboarding, the use of lifts, collision with natural or man-made objects or other participants, travel within or beyond the ski area boundaries, including negligence, breach of contract, or breach of statutory duty of care on the part of Hidden Valley Ski Resort (Government of Alberta). I/We agree that Hidden Valley Ski Resort (Government of Alberta) and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns shall not be liable for any such personal injury, death or property loss. I/we release and waive any and all claims that I/we have or may have in the future against Hidden Valley Ski Resort (Government of Alberta).

I/we have read and discussed the information in this consent, including the Alpine Responsibility Code. I/we agree to its contents and give consent for the named participant to participate in the activities listed above and have ensured that information contained is accurate.

Parent / Guardian (Print): _____ Signature: _____ Date: _____

Participant (Print): _____ Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT
Off-Site Activity - Provincial outside of City within Alberta
(INCLUDES: Day or Overnight)

Dear PARENT(s) or GUARDIAN(s) of: Grade 6-9 RM # _____
Please read this form carefully. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. This CONSENT form must be signed and returned to the school by: **January 10, 2020** for your child to be permitted to participate in activity.

PROGRAM ACTIVITY INFORMATION - Additional Itinerary and Field Trip details will be provided (if required)

SCHOOL NAME: **Notre Dame Academy** Destination: Hidden Valley Ski Resort-Elkwater
Departure Date & Time: **January 22, 2020** Return Date and Time: January 22, 2020
Purpose or Education Goal(s): **Outdoor Pursuits - PE**

Itinerary/Activities: **Attached**
Method of Transportation: **Bus** By: **Southland Transportation**
Lead Teacher Name & Contact Info: **Neal Siedlecki** Total # of Supervisors **1 for every 10** _____
Supervisory Arrangements: **Supervisor on Ski Hill**
Cost to the Student: **Varies** What to Bring: **Attached**

- SCHOOL RESPONSIBILITIES - The School will make every reasonable effort to ensure or ascertain that:**
1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
 2. The students are adequately supervised over all aspects of the program activity.
 3. The location(s) used are appropriate and safe for the activity (ies) and group.
 4. Equipment used has been inspected and deemed appropriate and safe.
 5. Every effort is made to identify and manage known potential risks.
 6. Emergency Procedures are in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS: concussions, sprains, broken bones, bodily harm, frost bite, traveling risks, death

- CONSENT AND ACKNOWLEDGEMENT OF RISK (signature denotes consent)**
1. I accept the mode of transportation for this activity.
 2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
 3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
 4. My child has been informed they abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
 5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
 6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.
 7. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

MEDICAL INFORMATION

Allergies:

Carries EPI-PEN: Yes No
Carries ANA-KIT: Yes No
Health/Medical/Physical Issues:

Medications:

Other:

Name of Student: _____ Date of Birth: _____ has my permission to participate.
Today's Date: _____ Parent/Guardian/Emergency Contact Name: _____
Phone # Day _____ Phone # Evening _____ Cell # _____
Parent Signature X _____ Parent Name (Print) _____

DISCLAIMER - PARTICIPATION IN THIS EVENT IS DEPENDENT ON ACCEPTABLE HEALTH AND SAFETY CONDITIONS IN THE COUNTRY AT THE TIME OF THE EVENT. IF PARTICIPATION IS CANCELLED DUE TO UNFORESEEN CIRCUMSTANCES, MEDICINE HAT CATHOLIC BOARD OF EDUCATION WILL NOT ACCEPT RESPONSIBILITY FOR THE EXPENSES INCURRED IN PREPARATION FOR THIS EVENT.