

Burnaby North Snowclub 2016-2017

Application Form		
First Name:	Family Name:	Student Number:
Parent Cell Phone:	Student Cell :	Grade & Age:
Please circle		I am a SKIER I am a SNOWBOARDER
RENTERS ONLY! Please include your height, weight & shoe size below		
Height: (feet/inches)	Weight: (pounds only)	Shoe Size:

IMPORTANT! Please read the **Parent Information Sheet** for details about the trip, safety, supervision, and cancellation policy.

- You may pay in cash – a receipt will be issued
- Make cheque payable to “**Burnaby North Secondary**” and write the student’s name and student number on the back of the cheque.

When students arrive at Whistler they will be divided into groups based on their ability. Each group has a maximum of 8 students - the ability levels are defined below. Please circle your child’s ability level.

Discovery - first timers / total beginners	Novice - 2-7 times on mountain
Intermediate – can ski/ride majority of runs	Expert - can ski/ride very difficult terrain

CIRCLE YOUR DATES & ABILITY

* buys \$18.50 worth of food & drink

Trip Date	Ability Level	Non-Renter	OR	Renter	Lunch Voucher*	\$ per Trip
Sun Dec 11	Dis / Nov / Int / Exp	\$88		\$106	\$16	
Sat Jan 7	Dis / Nov / Int / Exp	\$88		\$106	\$16	
Sat Jan 21	Dis / Nov / Int / Exp	\$88		\$106	\$16	
Sun Feb 5	Dis / Nov / Int / Exp	\$88		\$106	\$16	
Sat Feb 25	Dis / Nov / Int / Exp	\$88		\$106	\$16	
Write the total to be paid here →						

***Lift ticket, bus, rental equipment, and instructor costs \$106, NOT \$88+\$106!**

DECLARATION

Student: I have read the accompanying letter and accept the conditions and requirements as a Burnaby North student. Sign here →

Parent / Guardian: I have read the accompanying letter and would like my son / daughter to participate in the Snow Club. Sign here →

!!Please read the other side!!

Lunch vouchers are optional

Ski/Snowboard Trip Medical History Form

I believe my son/daughter to be in fit condition to participate in all phases and activities of field experiences. I give the supervising teacher permission to have a physician attend my son/daughter should it be considered necessary. It is understood that the teacher and School Board are not responsible for medical care costs.

My son/daughter has the following medical problem(s) that the teacher should be aware of:

Student Information

Name of Student: _____
Student Number: _____
Student Cell Phone #: _____
Home Phone #: _____

Parent Information

Parent/Guardian Parent Name: _____
Parent/Guardian Cell Phone #: _____

Emergency Contact Person

Name: _____
Phone Number: _____

Doctor Information

Name: _____
Phone Number: _____
Care Card Number (Health Insurance Coverage Number): _____

Parents/Guardian

I have read and understood the accompanying letter and would like my son/daughter to participate in the Burnaby North Ski/Snowboard trip.

Parent/Guardian Signature _____

To the participating Student

I have read and understood the accompanying letter and I accept the conditions and requirements as a Burnaby North student.

Student Signature _____