

Profile School

December, 2017

It is time to think about the Profile School instructional ski program at Cannon Mountain!

The program starts on Tuesday January 2, 2018 and goes for six weeks ending on February 6, 2018. The cost is the same as the last few years!! It is \$49 per child for six lessons and includes a lift ticket for the afternoon. Rental equipment for skiers and boarders is available for an additional \$49 and helmet rental will be \$18 for the six days.

If you have rental questions, please call Cannon Mt. at 823-7722 ext. 734. To speed up the first lesson, the rental shop requests that you have your child fitted at the rental shop before the January 2nd start date. You will need to accompany your child to the shop as the **rental form** will need to be signed by a parent or guardian.

PLEASE MAKE YOUR CHECK PAYABLE TO "PROFILE SCHOOL."

Please fill out the enclosed forms and return to school with your check no later than Monday, December 18, 2017 to ensure that your child will have a place in the program. If you have any questions please call Profile School at 823-7411.

Cannon Mt. will cancel lessons in the event that the mountain is closed and a make-up day will be scheduled with instruction. If Profile cancels, and the mountain is open, Cannon will provide tickets for a make-up day **WITHOUT** instruction. Cannon Mt. reserves the right to dismiss a student from the program for inappropriate behavior.

The bus will leave Profile at 12:30pm and return in time for the late bus at 4:00pm. **Your child may be picked up at Cannon if the Contest Travel Release form is filled out IN ADVANCE. Verbal permission at the mountain is NOT permitted.** A copy of this form is enclosed. (Only fill out this form if your child is **NOT** riding the bus back to Profile.) Please pick your child up at **3:30pm** at Cannon (before the Profile bus leaves the mountain to return to school).

Please provide me with a cell phone number in the event that I need to contact you.

I look forward to skiing and snowboarding with your child!

Jessica Williams



Liability Form

Cannon Mountain Snowsports School

Student Name _____ Age _____ Phone _____

Address _____ DOB _____ School _____

IN EMERGENCY NOTIFY _____ Relationship _____

Phone/s: _____ Address if Different _____

The undersigned, being at least 21 years of age, hereby represents that he/she is the guardian of _____ (Hereinafter referred to as "child").

For myself and for the child, the undersigned agrees and understand that skiing/snowboarding is a hazardous activity, which may result in injury to my child during his/her participation in the Cannon Mountain Snowsports School (hereinafter Program). Trail conditions vary constantly because of weather changes and skier/snowboarder use. Natural and man-made obstacles, including other skiers/snowboarders may exist. Participants in Program are solely responsible for their speed and direction at any given time. Enrollment in Program shall not in any way eliminate the inherent risks in snow skiing/snowboarding. I hereby recognize that each person who participates in the sport of skiing/snowboarding accepts as a matter of law the dangers inherent in the sport and to that extent may not maintain an action against the operator for any injuries, which may result from such inherent risks, dangers, or hazards. The categories of such risks, hazards, or dangers which the participant assumes as a matter of law include but are not limited to the following: variation in terrain, surface or subsurface snow or ice conditions; bare spots; rocks, trees, stump and other forms of forest growth or debris; lift towers and components thereof (all of the foregoing whether above or below the snow surface); pole lines and plainly marked or visible snowmaking equipment; collisions with other skiers/snowboarders or other persons or with any of the categories included in this paragraph.

The undersigned further authorizes anyone working at Cannon Mountain Program to call for such medical care for the child or to transport the child to the appropriate clinic or hospital, if, in the opinion of anyone working at Cannon Mountain Program, medical attention is needed for the child.

The undersigned agrees to pay all costs associated with such medical care and related transportation for the child and indemnify and hold Cannon Mountain, its representatives, agents, affiliates, directors, servants, and employees harmless from any costs incurred therein.

I have carefully read the foregoing release language and understand its contents.

FOR HIMSELF AND FOR HERSELF AS INDIVIDUALS AND AS PARENT OR GUARDIAN OF THE CHILD.

Signature of parent of guardian

Date



Student Name _____

Please circle

Skiing or Snowboarding

- 1) First Time
- 2) Novice: can turn and stop on beginner slopes
- 3) Advanced Beginner: can make wedge turns/can make snowboard turns on all green terrain
- 4) Intermediate: Matching skis/linking snowboard turns on intermediate terrain
- 5) Advanced: string parallel skiers or snowboarders and comfortable on advanced terrain

NOTES



PROFILE SCHOOL

691 Profile Road
Bethlehem, NH 03574
www.profile.k12.nh.us
603-823-7411
FAX 603-823-7490

NEA
S&C
Accredited Member

BENJAMIN JELLISON
PRINCIPAL

KYLE JACOBS
ASSISTANT PRINCIPAL

FIELD TRIP PERMISSION SLIP

Teacher making request: Jessica Williams

_____ has my permission to attend the Profile School field

trip to Cannon Mountain on 1/2, 1/9, 1/16, 1/23, 1/30, and 2/6/18

Departure time: 12:30pm Approximate return time: 4pm

Parent/guardian signature: _____ Phone: _____

CLASSROOM TEACHER AUTHORIZATION FOR ABSENCE FROM CLASS:

Block A _____ Block E _____

Block B _____ Block F _____

Block C _____ Block G _____

Block D _____ Block H _____

*The school nurse has been notified and medical concerns have been noted. YES NO

Medical & Emergency Care Information

Student Name _____ Date of Birth _____ Teacher _____

Address _____

Parent Name _____

Parent can be reached today at the following phone number _____

Insurance and # _____ Student's doctor _____

Check all that apply:

Allergic to: _____

Needs to receive the following medication while on the field trip

Name of medication: _____ Time to be given: _____

If taking medication on the field trip you must check one: Parent will provide medication to me or

Teacher should obtain this medication from the school nurse

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's wellbeing while on the field trip.

Parent Signature _____ Date of the field trip _____

The Profile School community will provide diverse educational opportunities to inspire, engage, and challenge all students.

Profile School

Contest Travel Release

_____ (Date)

This is to certify that _____ has my permission to ride (to-from-both)
(student's name)

the _____ athletic contest on _____ at _____
(sport) (date) (location of contest)

I certify that I am personally transporting the above-named student, or have arranged transportation with an adult (non-student) of my choosing for this student.

The reason for not riding the bus is:

(reason must be sufficiently urgent to family needs to justify not riding the bus)

I understand that the Profile School Athletic Policy require students to ride the buses to and from all athletic events and departure from this requirement will release the Profile School District from all liability for any adverse results that may occur.

I agree to release the Profile School District and its employees and officers from all liability with reference to the above-stated transportation.

The form must be on file in the Athletic Office prior to dismissal of school on the day of the contest.

(Signature of Parent)

(Signature of Athletic Administrator)