

Rupert A. Nock Middle School

70 Low Street, Newburyport, Massachusetts 01950

Tel.: 978-465-4447 • Fax: 978-465-4074

Lisa Furlong, Principal • Timothy Mahan, Assistant Principal

NEWBURYPORT PUBLIC SCHOOLS

Ski/Snowboard Program 2018

The Rupert A. Nock Middle School will, for the thirty-first year, offer a winter downhill ski/snowboard intramural program in conjunction with the Bradford Ski Area in Bradford, Massachusetts. The program will take place on **Tuesdays, beginning January 2, 2018** and will continue for **six consecutive Tuesdays** or until six sessions have been held. In the event that school is cancelled during one of the scheduled Tuesday sessions, the program will be cancelled for that day and a make-up Tuesday will be scheduled. If the Bradford Ski Area is unable to complete the program by April 1, 2018, a refund for the missed sessions will be sent to the school and we, in turn, will make a refund to the parents of participating students. The Bradford Ski Area will refund only if a participant is forced to withdraw from the program due to illness or injury. No refund will be made, however, after three (3) weeks of the program have been completed. Refunds must be requested by parents through the school. No provision will be made for a refund, credit, or make-up if a participant is absent for a session. There is no refund for supervision/transportation once the program has begun. There is no refund for reserved rental equipment. If a participant has reserved rental equipment and receives equipment for Christmas, there is no refund. Please plan accordingly.

Staff members from the Rupert A. Nock Middle School will be monitors for the program. The monitors will accompany students on the bus, aid in the distribution of rental equipment, help supervise the ski lodge and on the mountain, and account for all students prior to departure from Bradford at 6:00 p.m.

Participating students will leave the Middle School at 2:00pm on Tuesdays, beginning January 2, 2018, by chartered bus. They will arrive at the Bradford Ski Area at approximately 2:30pm. The ski program begins at 2:45pm and ends at 5:45pm, when the students will be called to load the buses. At 6:05, students will leave the ski area and will arrive at the RAN MIDDLE SCHOOL IN NEWBURYPORT at approximately 6:30pm. Parents will be responsible for transportation home from the Middle School. PLEASE PARK IN THE SCHOOL'S SIDE PARKING LOT.

RENTAL INFO:

- To those students who will be renting equipment, rental forms will be sent home with your child after completion and receipt of the student's registration/enrollment form.
- Ski equipment rental includes: skis, boots, and poles.
- Snowboard equipment rental includes: snowboard and boots.
- Helmet Rentals are a separate rental. Once a helmet has been rented, students may keep that helmet for the entire 6 week session. The helmet MUST be returned on the day of the last session.
- All students who are renting must do so for the entire program.
- There is NO REFUND for Reserved Rental equipment, even if a participant receives equipment for Christmas or birthday. Please plan accordingly.
- If equipment is lost, the skier/snowboarder is responsible for replacement at full retail price.

ABILITY LEVEL: (PLEASE CHECK ON REGISTRATION FORM)

LEVEL 1: (lessons are mandatory for ALL Level 1) No experience, unable to turn or control skis or snowboard.

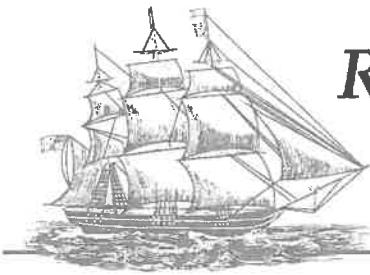
LEVEL 2: Student can walk, climb up hill, get up from a fall, glide & balance

LEVEL 3: Student can go slow, stop & turn in both directions

LEVEL 4: Student can link turns, ride lifts independently & make small and large turns

The Completion of ALL attached forms (5) is required by Rupert A. Nock Middle School. Your child will not be enrolled in the program until ALL of the forms are returned to school by the October 27, 2017 deadline for registration. Also, please note that payment in full is required upon registration.

If you have any questions, please call or email Dawn at the Middle School @ (978-465-4447 x 2198) or ddeltorchio@newburyport.k12.ma.us.



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Ski/Snowboard Program 2018 Registration

Student _____ Gr _____ HmRm _____

Parent/Guardian _____

Telephone _____

Home: _____ Cell: _____

Skiing/Snowboarding Ability: Please check. Ability levels are described in attached cover letter.

LEVEL 1 Beginner LEVEL 2 LEVEL 3 LEVEL 4

Please note: Lessons are MANDATORY for ALL LEVEL 1- BEGINNER skiers and snowboarders.

CHECK IF YOU ARE A SKIER

CHECK IF YOU A SNOWBOARDER

<input type="checkbox"/>	Option #1	Lift and Lessons	205.00
		Equipment Rental*	110.00
		Trans/Supervision	<u>85.00</u>
		TOTAL	400.00

<input type="checkbox"/>	Option #5	Lift and Lessons	205.00
		Equipment Rental*	110.00
		Tran/Supervision	<u>85.00</u>
		TOTAL	400.00

<input type="checkbox"/>	Option #2	Lift and Lessons	205.00
		Trans/Supervision	<u>85.00</u>
		TOTAL	290.00

<input type="checkbox"/>	Option #6	Lift and Lessons	205.00
		Trans/Supervision	<u>85.00</u>
		TOTAL	290.00

<input type="checkbox"/>	Option #3	Lift	135.00
		Equipment Rental*	110.00
		Trans/Supervision	<u>85.00</u>
		TOTAL	330.00

<input type="checkbox"/>	Option #7	Lift	135.00
		Equipment Rental*	110.00
		Trans/Supervision	<u>85.00</u>
		TOTAL	330.00

<input type="checkbox"/>	Option #4	Lift	135.00
		Trans/Supervision	<u>85.00</u>
		TOTAL	220.00

<input type="checkbox"/>	Option #8	Lift	135.00
		Trans/Supervision	<u>85.00</u>
		TOTAL	220.00

Check box if you are renting a helmet at an additional fee of \$30.00.

- Once a helmet has been rented, students may keep that helmet for the entire 6 week session.
- The helmet **MUST** be returned on the day of the last session.

***If you are renting equipment, a rental form will be forwarded to you with completion instructions.**

THERE IS NO REFUND ON RESERVED RENTAL EQUIPMENT

To enroll, please complete and return the following to RAN Middle School by Friday, October 27, 2017

1. This registration form
2. A check payable to: *RAN Middle School*
3. Parent/Student Consent/Release from Liability form signed by Parent & Student
4. Completed and signed Insurance & Health form
5. Massachusetts Pre-Participation Injury/Concussion form
6. Bradford Ski "Welcome to Afterschool Program" Enrollment and Waiver of Liability form

For Office Use Date received: _____

Amount: _____ Cash Check # _____ Money Order # _____

Comment: _____ Name on check: _____



NEWBURYPORT PUBLIC SCHOOLS
 70 LOW STREET
 NEWBURYPORT, MASSACHUSETTS 01950-4096

Office of the Superintendent

TELEPHONE 978.465.4456
 FAX 978.462.3495

Parent Consent Form

I hereby authorize my son/daughter/ward _____ to participate in _____
 BRADFORD SKI AND SNOWBOARD PROGRAM _____

We the undersigned father and mother or guardian(s) of _____ a minor, do hereby consent to his/her participation in BRADFORD SKI SNOWBOARD PROGRAM and do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Newburyport, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, expenses and compensation on account of, or in any way growing out of directly or indirectly, all known personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Newburyport Public Schools field trip programs: FURTHERMORE, we/I hereby agree to protect the City of Newburyport and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Newburyport Public Schools field trip voluntary programs, and to INDEMNIFY, reimburse or make good to the City of Newburyport or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the City or its representatives may have to pay if any litigation arises from said minors intentional, grossly negligent, or reckless acts or omissions while participating in said travel programs. When, for my son or daughter, the attending physician who is a member of the hospital recommends medical care and treatment, including minor surgical procedure, I give permission for the carrying out of such treatment.

Student Signature: _____

Parent Signature: _____

Address: _____

Date: _____

RUPERT A. NOCK MIDDLE SCHOOL
 70 LOW STREET NEWBURYPORT, MASSACHUSETTS 01950
 (978) 465-4447 FAX (978)465-4074

Parent, Insurance & Health Information

CHILD'S NAME: _____ **Birthdate:** _____

TEL: _____ **CELL:** _____

ADDRESS: _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S BUSINESS: _____

TEL: _____

EMERGENCY CONTACT: _____ **TEL:** _____

FAMILY DOCTOR: _____ **TEL:** _____

I understand that every effort will be made to contact parents or guardians of program participants. When, for my son or daughter, medical care, treatment, including a minor surgical procedure, and/or transportation to a local emergency room/hospital is recommended by the attending EMT and/or physician, I give my permission for the carrying out of such treatment and/or transportation.

AFTER SCHOOL ACTIVITIES: there is no nurse available during after school programs and organized activities. If an emergency arises, the staff will activate the emergency medical system and the student will be transported to the nearest hospital. After school personnel cannot deliver medical procedures or obtain or administer medication. Children with special health care needs are encouraged to carry necessary items (e.g. inhalers, epi-pens) during these times. If your child requires assistance during an after school event, please contact your child's school nurse for guidance.

PLEASE INDICATE BELOW IF YOUR CHILD HAS ANY HEALTH/MEDICAL ISSUES OF WHICH WE SHOULD BE AWARE AND/OR ANY MEDICATIONS TAKEN ON A REGULAR BASIS.

PLEASE COMPLETE:

Allergies requiring treatment: <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Insects <input type="checkbox"/> Other
Allergy Name: _____ Reactions: _____
Treatment Plan: _____

Check Medical Conditions requiring treatment:

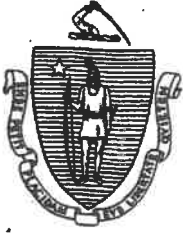
- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Contacts/Glasses | <input type="checkbox"/> Menstrual Issues | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Other _____ |

Describe your child's symptoms and the treatment and/or medications required for the conditions you checked above.

Parent/Guardian'S signature: _____

Medical/Health Insurance: Company & Policy No: _____

Subscriber's Name: _____



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

**PRE-PARTICIPATION HEAD
 INJURY/CONCUSSION REPORTING FORM
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____
 (Please print)

Student Athlete:

Signature/Date _____

ENROLLMENT FORM~BRADFORD AFTER SCHOOL PROGRAM
ALL SKIERS AND SNOWBOARDERS MUST COMPLETE THIS FORM.
PARENT/GUARDIAN SIGNATURE IS REQUIRED.

Dear Parent/Guardian:

WELCOME TO AFTERSCHOOL PROGRAMS

Yes! Back to school. It's that time a year to think snow and / or about the up coming season. Please read all the information and fill out enrollment form below.

LESSON

1. All those choosing a lesson for ski/snowboard, select ability from the following:

Level 1 No experience, unable to turn or control skis or snowboard.

Level 2 The student can walk , climb up hill , get up from fall, glide and balance.

Level 3 The student can go slow, stop, and turn in both direction.

Level 4 The student can link turns, ride lifts independently and make large & small turns.

ENROLLMENT FORM
(fill out all information)

Student Name _____ Phone Number _____

Emergency # _____ Email _____

Grade _____ School _____

_____ Skier _____ Snowboard

Check Ability - LEVEL 1 _____ LEVEL 2 _____ LEVEL 3 _____ LEVEL 4 _____

Lift only _____ Lift/ Lesson _____ Rental _____ Helmet _____

WAIVER OF LIABILITY

The Purchaser and user of tickets (1) assumes all risk of injury, loss of or damage to property.

(2) Assumes and understands that skiing is a hazardous sport, that bare spots, variation in snow, ice and terrain along with bumps, forest growth and debris And rocks and many other hazards or obstacles exist within this ski area. In using tickets and skiing at the area, such dangers are recognized and accepted whether they are marked.

(3) MASS.G.L. CH. 143 Sec. 71P, provides with limited exceptions That no action shall be maintained against the operator of this ski area for any injury to a skier unless the injured person shall, Within ninety (90) days of the incident give to the operator notice by registered mail of the name and address of the injured person and the time, place and cause of the injury. Management may revoke tickets at any time without refund .

Signature of Student (Parent or Guardian if under 18) _____ Date _____