



City of Albuquerque
Parks & Recreation Department

Outdoor Recreation Section



Learn To Ski/Snowboard
Registration
Winter 2011/2012





City of Albuquerque Parks and Recreation Department, Outdoor Recreation Section
Learn to Ski/Snowboard Information for Participants

This page is for your information. Please keep.

2011 / 2012 Learn to Ski / Snowboard INFORMATION and REGISTRATION FORMS

LETTER TO PARTICIPANTS

GENERAL INFORMATION: Outdoor Recreation (ODR)/New Mexico Xtreme (NMX) Learn to Ski/Snowboard program is a program devoted to offering youth ages 12 to 17 an affordable and fun opportunity to learn how to ski or snowboard. This is a two day program in which the participating youth will have access to equipment and lessons needed to learn the basics of skiing or snowboarding. This program offers transportation, chaperones, rental equipment, all day lift ticket and lessons for the participant. Programs with less than 7 participants on the Wednesday night before the event will be cancelled. If a trip is cancelled a refund will be issued within 30 days or the money can be utilized for another NMX /ODR ski trip. All payments and refunds will go through NMX.

GENERAL ELIGIBILITY:

- Must be ages 12 to 17
- Must come prepared with the necessary personal equipment to participate in the adventure

PERSONAL EQUIPMENT THAT PARTICIPANT MUST SUPPLY:

- **Food, Snacks and Packs:** Please bring lunch, snacks, lots of drinking water, day pack, and sunscreen. If you do not want to bring a lunch please bring some personal spending money for snacks or to buy lunch at the ski lodge.
- **Quarters for Lockers**
- **Helmets:** Helmets are required to participate in this program. Helmets can be purchased from Outdoor Recreation for \$20.00.
- **Clothing:**
 - *Winter Jacket, Snow Pants, Gloves, Goggles or Sun Glasses and Wool Socks*
 - *As little cotton as possible*

Hazards of Adventure

GENERAL: As with every sport, skiing and snowboarding present it's own risks and hazards. Falling while skiing or snowboarding is to be expected. This can cause anything from slight soreness, bruises to broken bones and concussions. Your participation in this program indicates your assumption of the risk of serious injury as a result of the risks associated with skiing and snowboarding. Participation is an acknowledgement of your responsibility for your own safety.

IF AN INJURY OCCURS: Depending on the severity of the injury, the participant will first be triaged by ski patrol and if necessary transported to the nearest hospital. A decision will be made if the youth needs to be transported to the hospital by ambulance or by Outdoor Recreation. The participant's guardian will be contacted to receive further information and instruction. In the occurrence of an injury, no matter how severe, the guardian will be notified and an accident form will be filled out by Outdoor Recreation.



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Learn to Ski/Snowboard Winter 2011/2012

PARTICIPANT'S NAME: _____
FIRST MI. LAST

Directions: Please check the adventure program(s) for which you are registering.

DECEMBER 2010

_____ Sipapu
December 10 & 17 2011

MARCH 2011

_____ Pajarito
March 3 & 10 2012

JANUARY 2011

_____ Pajarito
January 15 & 22 2012

FEBRUARY 2011

_____ Sipapu
February 4 & 11 2012

OFFICIAL USE:

Session _____ Amount _____

(\$) (CR) or (Ck) Check number _____

Taken by _____

Date of Payment _____



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PART A: PARTICIPANT INFORMATION

Name _____
First Middle Initial Last

Address _____
Street Apt. # City State Zip

Phone Numbers _____
Home Cell Pager

E-Mail Address (for our email distribution list) _____

Participant Age _____ Participant Birth date _____ Male _____ Female _____
Month/Day/Year

Participant's School _____ Grade Level _____

PART B: PARENT / GUARDIAN CONTACT INFORMATION

Lives with: Mother _____ Father _____ Guardian _____ Other (specify) _____

Mother | Father | Guardian Name (Please print): _____
Please circle one

Phone numbers for above named person: _____
Home Cell Work

Mother | Father | Guardian Name (Please print): _____
Please circle one

Phone numbers for above named person: _____
Home Cell Work

PART C: DISABILITY INFORMATION (Essential Eligibility: Participant must be able to walk 2.0 miles.)

Please place a check next to each disability that applies to the participant. _____ **NONE**

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Behavior Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mild Mental Retardation |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Asthma | <input type="checkbox"/> Moderate Mental Retardation |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Stomach/Digestive problems | <input type="checkbox"/> Other |

If you checked "Other", please provide additional information: _____

Please provide additional information that may be important on any condition checked above: _____



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PART D: ALLERGY & MEDICATION INFORMATION

Does participant have any known allergies? ___ YES ___ NO Does participant carry an "EpiPen"? ___ YES ___ NO

Please specify known allergies: _____

In case of a severe allergic reaction, can participant be given oral antihistamine (Diphenhydramine Hydrochloride [generic Benadryl])? ___ YES ___ NO

Is participant currently taking any prescription or over-the-counter medication? ___ YES ___ NO

If YES, please specify: _____

PART E: INFORMATION FOR MEDICATION TO BE TAKEN DURING ADVENTURE

If your child needs to take prescribed or over-the-counter medication(s) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section please list medications below. Your child must be able to administer his or her own medications. All medications must be contained in the original pharmacy packaging!

*******Please check here if your child has NO medications to be dispensed during adventure. _____*******

(1) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(2) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

PART F: HEALTH INSURANCE INFORMATION

Does your child have health insurance? ___ YES ___ NO

If YES please provide the name of the healthcare provider: _____

Medical insurance that provides health care coverage for my minor child is shown on the attached health insurance card.

******* (Please attach a copy of the health insurance card of your minor child.)*******



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PART G: EMERGENCY AND/OR MEDICAL CARE CONTACTS

List at least two people that Outdoor Recreation may contact in the event there is any type of emergency or your minor child requests medical care or it is determined that your minor child is in need of medical care:

(Call First) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(Call Second) Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PART H: PERSONAL PHYSICIAN INFORMATION

Name: _____ Hospital Affiliation: _____

Office Phone: _____ Other Phone: _____

PART I: AUTHORIZED PERSON(S)

Please list at least one person authorized to pick up your child from the Outdoor Recreation Adventure at the scheduled time of return in case you cannot be present. A picture ID must be shown to the Adventure Leader.

1. _____
First MI Last

Relationship _____ Phone Number _____

2. _____
First MI Last

Relationship _____ Phone Number _____

PART J: AUTHORIZATION TO PHOTOGRAPH, QUOTE AND USE NAME OF PARTICIPANT FOR PUBLICITY PURPOSES:

I hereby authorize ODR and the City of Albuquerque to take photographs, to collect quotations related to all adventure outings and to use my name and/or the name of my minor child participant for publicity purposes. **Please circle yes or no below.**

YES

NO

INITIAL _____



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PART K: AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for my minor child participant. I authorize the City of Albuquerque, ODR and the outing leader(s) to render first aid or emergency care, within the scope of the certification of the outing leader(s). In addition, I authorize ODR to call for medical or dental care for my minor child participant if, in the opinion of ODR, medical or dental care is needed. I agree to pay for all expenses and costs associated with such care and related transportation. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of New Mexico Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the physician, in the exercise of his or her best judgment, may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached. I further agree that The City of Albuquerque shall not be responsible for payment of medical services for my minor child and acknowledge and agree that any City insurance that may exist does not cover the medical costs of my minor child.

INITIAL _____

PART L: EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of the City of Albuquerque Parks and Recreation Department, Outdoor Recreation Section, its outing leaders, officers, agents, and volunteers (collectively referred to herein as "ODR"), I, on behalf of myself and/or as the parent or legal guardian of the minor child participating in the ODR activity, and our heirs, agree as follows:

I understand and am aware that backpacking, biking, caving, hiking, rappelling, rock climbing, snowboarding, snow skiing and related activities including, among others, use of ODR equipment such as carabiners, climbing equipment, caving equipment, rescue knives, rappelling equipment, tents, camp stoves, campfires (Referred to herein as "Activity"), and transportation to and from such Activity, are hazardous activities involving inherent and other risks of injury to any and all parts of the body. I further understand that injuries in the Activity are a common and ordinary occurrence, and I have made a voluntary choice for myself and/or my minor child participant to accept and assume all risks of injury or death that might be associated with or result from this activity.

To the fullest extent allowed by law, I agree to release from liability, and to indemnify and hold harmless The City of Albuquerque from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by negligence, in any way connected with this Activity. I further agree not to make a claim or sue for injuries or damages relating to this activity, even if caused by negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

INITIAL _____



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PART M: ACKNOWLEDGEMENT OF INFORMATION:

I hereby acknowledge that all the information I have provided on pages 1-4 of this Agreement is true, correct and complete. I agree to update any page of this Agreement as necessary. I hereby acknowledge that I have fully read, understood and accepted each of the above provisions and have voluntarily signed this agreement.

INITIAL _____

PART N: SIGNATURE INFORMATION

NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT'S PARENT/LEGAL GUARDIAN

Date: ____/____/____

PRINTED NAME OF PERSON SIGNING ABOVE