



BURGETTSTOWN AREA MIDDLE/HIGH SCHOOL

Mr. Brian Fadden, Principal
Mrs. Melissa Ferencuha, Dean of Students
104 Bavington Road
Burgettstown, PA 15021
Phone: 724-947-8100
Fax: 724-947-3325

January 10, 2019

Dear Parent or Guardian,

The Burgettstown Ski Club will be taking a trip to 7 Springs Ski Resort on **Friday, February 15, 2019**. The day of Friday, February 15, is an Act 80 half day of school and student dismissal is 11:45am.

The ski club charter bus **will leave promptly at 12:00 noon** and **will return at approximately 10:00pm**. Please be prepared to pick up your students at 10:00pm in front of the high school main entrance.

Students will ski the **twilight session**, 1:00pm-8:00pm. We plan to eat lunch on the way to the resort.

Payment and permission slips are due by Friday, January 25, 2019.

There is enough room for **35 students**, therefore applications will be taken on a first-come, first-served basis! Please remember that we reserve the right to cancel the trip at any time (usually due to weather). Students must abide by the school policies while on the trip. No alcohol or tobacco are permitted!

Necessary Purchase(s):

Lift Ticket: **\$42.00** **\$42** _____

Bus & Lunch Deposit: **\$10** **\$10** _____

Student May Also Need:

Ski Rental: **\$29.00** **\$29** _____
(skis, boots, and poles)

Snowboard Rental: **\$29.00** **\$29** _____
(snowboard and boots)

Ski/Snowboard Lessons: **\$21.00** **\$21** _____

Helmet: **\$13.00** **\$13** _____
(Strongly encouraged)

Make all checks payable to "Burgettstown High School" --

TOTAL _____

CASH / CHECK (*circle one*)

Thank you,
Andrea Zupancic & Chris Rocini
Burgettstown Area High School Ski Club Sponsors

EVENT PARTICIPATION FORM

Event Name: _____ Departure (Date/Time): _____ Departure (Date/Time): _____

Chaperone(s): _____ Event City/Address: _____

Student Name: _____ Date of Birth: _____ Age: _____

Student Address: _____

Student Cell Phone #: _____ Emergency Contact Phone #: _____

Mother: _____

Father: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Emergency Treatment Authorization

In case of an emergency, the chaperone listed above shall make every reasonable effort to contact parent(s) at the telephone numbers listed above. If the contact cannot be made with the parent(s), the chaperone is hereby authorized to contact medical personnel on behalf of the student to provide for emergency care. Emergency personnel are authorized to provide all services necessary to diagnose and treat the emergency condition. Such services shall include the administration of all appropriate medications. To facilitate billing for such services, please provide the name of your health and/or dental insurance carrier and the policy number associated with that policy:

Health Insurance Carrier: _____ Policy #: _____

Dental Insurance Carrier: _____ Policy #: _____

Please list the name and dosage of any MEDICATION that your child is currently taking: _____

Please list the name of ALLERGIES: _____

PARENT SIGNATURE: _____ **DATE:** _____