

Otis Ridge Ski Camp Application for Enrollment

Please fill out all pages completely

Parent's Name: _____

Address-Street: _____

City: _____ State: _____ Zip: _____ Cell #: _____

Work Phone: _____ Home: _____ email: _____

Phone Number where we can reach you during camp: _____

Person to call if we cannot reach you: _____ Phone: _____

Please enroll my child in the following session(s):

Name:	Session #	Snowboard <input type="checkbox"/>	Session #	Snowboard <input type="checkbox"/>
Birthdate: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Arrive on / / by	Ski <input type="checkbox"/>	Arrive on / / by	Ski <input type="checkbox"/>
	car <input type="checkbox"/> bus <input type="checkbox"/> From _____		car <input type="checkbox"/> bus <input type="checkbox"/> From _____	
Beginner: Yes <input type="checkbox"/> No <input type="checkbox"/>	Depart on / / by		Depart on / / by	
New at ORSC Yes <input type="checkbox"/> No <input type="checkbox"/>	car <input type="checkbox"/> bus <input type="checkbox"/> To _____		car <input type="checkbox"/> bus <input type="checkbox"/> To _____	
Child's School _____	Session #	Snowboard <input type="checkbox"/>	Session #	Snowboard <input type="checkbox"/>
	Arrive on / / by	Ski <input type="checkbox"/>	Arrive on / / by	Ski <input type="checkbox"/>
	car <input type="checkbox"/> bus <input type="checkbox"/> From _____		car <input type="checkbox"/> bus <input type="checkbox"/> From _____	
Rental equipment needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Depart on / / by		Depart on / / by	
If yes, please complete rental agreement	car <input type="checkbox"/> bus <input type="checkbox"/> To _____		car <input type="checkbox"/> bus <input type="checkbox"/> To _____	

Permission to charge Ski Shop items Limit \$ _____ total per child per session. Please provide credit card number.

Credit Card Information (if applicable)

MasterCard VISA American Express CSSV: _____ Card Number : _____ Exp: ___/___

Name on Card _____

Bill my card for: Deposit Total Charges Shop Charges Signature _____

_____ please do not add me to your mailing list

Note: Otis Ridge Ski Camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.

Please sign the following Acknowledgement, Consent and Release below and the Rental Agreement if applicable.

Acknowledgement, Consent and Release

1. The Registrant listed on the reverse of this form enroll in the Otis Ridge Ski Camp at Otis Ridge, hereinafter referred to as owner, subject to the rules and regulations determined by the owner and its agents, including the program descriptions and policies included with the enrollment package.
2. The Registrant acknowledges the inherent danger and risk of personal injury involved in the enrollment and involvement in the activities of the owner and assumes any and all risk of personal injury in the enrollment and activities.
3. Massachusetts G.L., ch 143, sec. 71P provides, with limited exceptions, that no action shall be maintained against the operator of this ski area for an injury to a skier unless the injured person shall, within ninety (90) days of the incident, give the operator notice by registered mail of the name and address of the injured person and the time, place, and cause of the injury. Any action to recover for injury shall be brought within one (1) year of the date of the injury.
4. The Registrant covenants not to sue and releases the owner, and any other sponsors or agents, from any liability arising out of personal injury wherein the personal injury was the result of an activity conducted as part of the usual activity of the owner. The owner assumes no responsibility for activities undertaken by the Registrant without proper supervision and guidance.
5. The Registrant acknowledges that the provisions of the Acknowledgement, Consent and Release shall be binding upon the Registrant, his heirs, executors, administrators and assigns, and shall be governed by the laws of the state of Massachusetts. The Registrant agrees that any suit or legal action shall be brought only in the state of Massachusetts and that terms of this document shall be admissible in evidence as a binding legal agreement between the Registrant and the owner. The Registrant acknowledges that if a Court determines that part of this document is inadmissible that the remaining paragraphs shall remain in full force and effect.

Date

Signature of parent/legal guardian

Medical Information

Camper Name: _____ D.O.B: _____

Family Physician: _____

Physician Phone: _____

Insurance Carrier: _____

Insurance Policy #: _____

Release For Medical Treatment

If your child is allergic to bee stings, please send an appropriate medication to camp. As always, all injuries (minor) will be evaluated and treated by our camp health supervisor or ski patrol and you will be notified. Medical emergencies will be evaluated by the camp health supervisor, ski patrol, rescue squad and treated immediately. All attempts will be made to contact you immediately in the event of an emergency.

Please give us your written permission to dispense the following medications if your child should need them. If fever is 100° or higher, parents will be notified.

Initial **Ibuprofen (ex. Advil, Motrin, generic ibuprofen)**

	Weight in Pounds	48-59	60-71	72-95	96+
	Adult 200 mg. tablets	1	1	1.5	2
	Every 6-8 hrs. while symptoms last. Not to exceed 6 tablets in 24 hrs.				

Initial **Acetaminophen (ex. Tylenol, generic acetaminophen)**

	Weight in Pounds	43-53	54-64	65-75	76-86	87-95	96+
	Adult 325 mg. tablets	1	1	1.5	1.5	2	2
	Every 4-6 hrs. while symptoms last. Not to exceed 10 tablets in 24 hrs.						

Initial **Dimetapp Cold & Cough**

	Age 6 - 12 take 2 tsp. every 4 hrs.	
	Age 12 and over take 4 tsp. every 4 hrs.	
	Not to exceed 6 doses in 24 hrs.	

I agree to the above treatments. I give permission for my child to receive medical treatment if necessary, including general anesthesia. Otis Ridge Ski Camp, while taking all reasonable precautions, is not responsible for accidents.

Signed (Parent of Guardian): _____ Date: _____

If your child will be bringing prescription medicine to camp, you must fill out the form below. Medication must be packaged in the original container with the original label and accompanied by a doctor's written instructions. No meds will be accepted in baggies or other plastic containers. All medication brought to camp must be reported at registration and will be held in most cases in the office.

Important! If Camper is NOT bringing medicine to camp, please check here: _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____ D.O.B: _____

Diagnosis (at parents discretion): _____

Name of Licensed Prescriber: _____ Business Telephone: _____

Name of Medication: Dose given at camp: _____ Route of Administration: _____

Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____

Expiration date of Medications Received: _____ Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents' discretion): _____

Location where medication administration will occur: _____

I hereby authorize _____ to administer, to my child, _____ the medication(s)
(NAME OF CAMP) (NAME OF CHIILD)
listed above, in accordance with 105 CMR 430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Parent/Guardian Signature: _____ Date: _____

Camper Name _____

Allergies

(Circle Yes or No)

Does your child have food allergies?

Yes No If yes, please explain _____

Does your child have drug allergies?

Yes No If yes, please explain _____

Does your child have environmental allergies?

Yes No If yes, please explain _____

If your child is allergic to **bee stings**, please send an appropriate medication to camp. As always, all injuries (minor) will be evaluated and treated by our health supervisor or ski patrol and you will be notified. Medical emergencies will be evaluated by the health supervisor, ski patrol, rescue squad and treated immediately. All attempts will be made to contact you immediately in the event of an emergency.

Diet & Activity

Diet Restrictions

Any diet restrictions? Yes No if yes – see following questions

Vegetarian? Yes No

If yes: Eats Dairy Yes No Eats Eggs Yes No

Vegan? Yes No

Other? Yes No If yes, explain: _____

Activity Restrictions

Any activity restrictions? Yes No

If yes, please explain _____

Camper Name _____

Health History

(Circle Yes or No)

For all YES answers please provide additional details that would be helpful to health staff. Use a separate sheet if necessary.

Ever been hospitalized?	Yes	No
Ever had surgery?	Yes	No
Have recurring/chronic illness?	Yes	No
Had a recent infectious disease?	Yes	No
Had a recent injury?	Yes	No
Had asthma/wheezing/shortness of breath?	Yes	No
Passed out/had chest pain during exercise?	Yes	No
Had seizures?	Yes	No
Had fainting or dizziness?	Yes	No
Had headaches?	Yes	No
Have problems with diarrhea/constipation?	Yes	No
Have a history of bedwetting?	Yes	No
Have problems falling asleep/sleepwalking?	Yes	No

Camper Name _____

Health History (continued)

(Circle Yes or No)

Wear glasses, contacts, or protective eyewear?	Yes	No
Ever had back/joint problems?	Yes	No
Have any skin problems?	Yes	No
Have diabetes?	Yes	No
Had "mono" in the past 12 months?	Yes	No
Traveled outside the country in the past 9 months?	Yes	No
If female have problems with periods/menstruation?	Yes	No
Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?	Yes	No
Ever been treated for emotional or behavioral difficulties or an eating disorder?	Yes	No
During the past 12 months seen a professional to address mental/emotional health concerns?	Yes	No
Had a significant life event that continues to affect the participant's life (abuse, death of a loved one, divorce, adoption, foster care, new sibling, survived a disaster)?	Yes	No

Camper Name _____

Medical Information

Please attach a copy of your immunization history or complete the following:

Immunization History

Please enter date or n/a (not received) for each line item/dose

	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Diphtheria, tetanus, pertussis (DTaP)	_____	_____	_____	_____	_____
Tetanus Booster (dT or TdaP)	_____				
Mumps, measles, rubella (MMR)	_____	_____			
Polio (IPV)	_____	_____	_____	_____	
Haemophilus influenzae type B (Hib)	_____	_____	_____	_____	
Pneumococcal (PCV)	_____	_____	_____		
Hepatitis A	_____	_____	_____		
Hepatitis B	_____	_____	_____		
Varicella (Chicken Pox)	_____	_____			
Meningococcal meningitis (MCV4)	_____				
Seasonal Influenza	_____				
Tuberculosis (TB) Test	_____				

Otis Ridge Equipment Rental & LIABILITY RELEASE AGREEMENT

Please PRINT CLEARLY and provide full name of household contact:

first name _____ last name _____
 mailing address _____ city _____ state _____ zip _____
 home phone (____) (____) _____ work phone (____) (____) _____
 email _____ Please do not add me to your mailing list.

LEVEL 1: Skis/Rides cautiously at low speeds on easy to moderate terrain
LEVEL 2: Skis/Rides moderately at low to high speed on varied terrain
LEVEL 3: Skis/Rides aggressively at high speed on steep, challenging terrain

applicant information

for office use

I have read, understand and agree to the terms, conditions & release below.

FULL NAME		AGE:	SHOE SIZE:	HEIGHT:	LEVEL	TYPE	SERIAL #	SIZE	DIN	BY
First:					<input type="checkbox"/> 1	<input type="checkbox"/> BOARD <input type="checkbox"/> SKI				
Last:		<input type="checkbox"/> Male <input type="checkbox"/> Female		WEIGHT:	<input type="checkbox"/> 2 <input type="checkbox"/> 3	BOOT				
							ADULT, PARENT OR LEGAL GUARDIAN SIGNATURE		DATE	
First:					<input type="checkbox"/> 1	<input type="checkbox"/> BOARD <input type="checkbox"/> SKI				
Last:		<input type="checkbox"/> Male <input type="checkbox"/> Female		WEIGHT:	<input type="checkbox"/> 2 <input type="checkbox"/> 3	BOOT				
							ADULT, PARENT OR LEGAL GUARDIAN SIGNATURE		DATE	
First:					<input type="checkbox"/> 1	<input type="checkbox"/> BOARD <input type="checkbox"/> SKI				
Last:		<input type="checkbox"/> Male <input type="checkbox"/> Female		WEIGHT:	<input type="checkbox"/> 2 <input type="checkbox"/> 3	BOOT				
							ADULT, PARENT OR LEGAL GUARDIAN SIGNATURE		DATE	
First:					<input type="checkbox"/> 1	<input type="checkbox"/> BOARD <input type="checkbox"/> SKI				
Last:		<input type="checkbox"/> Male <input type="checkbox"/> Female		WEIGHT:	<input type="checkbox"/> 2 <input type="checkbox"/> 3	BOOT				
							ADULT, PARENT OR LEGAL GUARDIAN SIGNATURE		DATE	
First:					<input type="checkbox"/> 1	<input type="checkbox"/> BOARD <input type="checkbox"/> SKI				
Last:		<input type="checkbox"/> Male <input type="checkbox"/> Female		WEIGHT:	<input type="checkbox"/> 2 <input type="checkbox"/> 3	BOOT				
							ADULT, PARENT OR LEGAL GUARDIAN SIGNATURE		DATE	

Acknowledgement of Personal Information & Equipment Instructions and Equipment Rental & Liability Release Agreement:

I have accurately represented the above listed information and it is true and correct. I will not use any of the equipment to be provided to me during this transaction until I have received instruction on its use and I fully understand its use and function. I agree to verify that the visual indicator settings to be recorded on this form for downhill ski equipment agree with the number appearing in the visual indicator windows of the equipment to be listed on this form. I accept for use AS IS the equipment listed on this form and accept full financial responsibility for the care of the equipment while it is in my possession. I will be responsible for the replacement at full value of any equipment rented under this form but not returned to the Otis Ridge rental facility. I agree to return all rental equipment by the agreed date. I understand that the binding system cannot guarantee the user's safety. In downhill skiing, and skiboarding with ski boards equipped with release bindings, the binding system will not release at all times or under all circumstances where release may prevent injury or death, nor is it possible to predict every situation in which it will release. In snowboarding, skiboarding with skiboards, snowblading, and other sports utilizing equipment with non-release bindings, the binding system will NOT ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation. I understand that a helmet designed for recreational snow sports use will help reduce the risk of some type of injuries to the user at slower speeds. I recognize that serious injury or death can result from both low and high energy impacts, even when a helmet is worn. I AGREE TO RELEASE AND HOLD HARMLESS OTIS RIDGE, ITS EMPLOYEES, OWNERS, AFFILIATES, AGENTS, OFFICERS, DIRECTORS AND THE EQUIPMENT MANUFACTURERS AND DISTRIBUTORS OF THIS EQUIPMENT (collectively "PROVIDERS") from all liability for injury, death, property loss and damage which results from the equipment user's participation in the RECREATIONAL SNOW SPORTS for which the equipment is provided, or which is related in any way to the use of this equipment, including all liability which results from the NEGLIGENCE OF PROVIDERS, or any other person or cause. I further agree to defend and indemnify providers for any loss or damage, including any that results from claims or lawsuits for personal injury, death and property loss and damage related in any way to the use of this equipment. This agreement is governed by the applicable law of the state of Massachusetts. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect. I, THE ABOVE SIGNED, HAVE READ AND UNDERSTAND THIS EQUIPMENT RENTAL & LIABILITY RELEASE AGREEMENT AND I AGREE TO BE BOUND BY ALL TERMS & CONDITIONS. If equipment user is a minor, I verify that I have the authority to enter into this agreement on behalf of the equipment user.