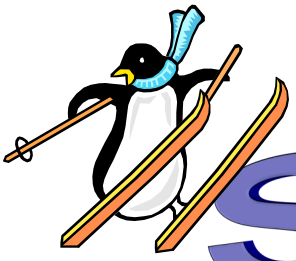
Orange Parks and Recreation



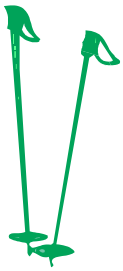
Ski Bums

Boys and Girls in Grades 5, 6, 7 & 8

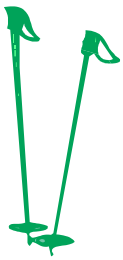
DATES:
Ski Bums is a multi-week program held for five consecutive Fridays,
January 8, 15, 22, 29 & February 5.
In case of cancellations, make-ups will be added to the end of the program.

TIME:
The bus will leave High Plains Community Center at 4:00 pm.
All participants must be at the Center at 3:45 pm for check-in.
The bus will leave Mt. Southington at 9:15 pm and return to High Plains Community Center at approximately 10:00 pm.

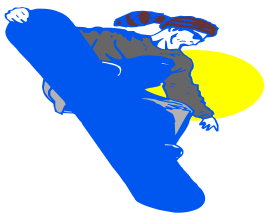
IMPORTANT:
If inclement weather occurs and the trip is canceled, you will receive an email from OPR (your email has to be on file). You may also check our website: www.orange-ct.gov, Recreational services, current closings/ cancellations.



LOCATION:
Mt. Southington Ski Area, Southington, CT
SKI & SNOWBOARD PACKAGES & FEES:
On the Registration Form (On Back)



Resident registration begins on Monday, November 9th.
(Non-resident registration begins November 16th.)



For more info, please call (203)891-4790.

Register Early,
Space is Limited!!

Ski Bums Registration Form

Name:_____Date of Birth:_____Grade:_____

Address:_____Home Phone:_____

Parent's Work Phone:_____Cell Phone:_____

Email:_____

Emergency contact/Relationship:_____Phone Number:_____

Doctors Name:_____ Phone Number:_____

Dentist Name:_____ Phone Number:_____

Have you ever skied before?_____ Skier type (circle one) Beginner Intermediate Expert

Activity # 412800	**Ski and Snowboard Packages**	**Fee**
A	Lift only(for ski and snowboard)	$250
B	Lift & Ski Lesson	$345
C	Lift & Ski Rental	$345
D	Lift, Lesson & Ski Rental	$375
E	Lift & Snowboard Lesson	$345
F	Lift & Snowboard Rental	$380
G	Lift, Lesson & Snowboard Rental	$435
	*Non-Residents	Add $10
	Food is available at an additional cost.	Cafeteria style

****IMPORTANT****Once the registration information has been given to the Mt. Southington group sales team, packages cannot be changed. If inclement weather occurs and the trip is canceled, you will receive an email from OPR (your email has to be on file). You may also check our website: www.orange-ct.gov, Recreational services, current closings/cancellations. **PLEASE DO NOT CALL.**

Emergency Medical / Surgical Treatment Permission Form

In the event of an emergency, accident or other mishap, I authorize that my child_____, be taken to the closest hospital/ER for emergency medical and / or surgical treatment which a physician or dentist may determine necessary for my child's health and well being. I do hereby authorize the Orange Parks and Recreation Staff to provide such medical care and treatment including, but not limited to, surgical and possible life saving measures as maybe necessary according to the attending physician. I hold harmless the Town of Orange, its officials, employees or agents from all liability, which may arise from the aforementioned action. I understand that every attempt will be made to contact me before such a decision is made.

Parent Signature:_____