

December 10, 2015



Dear Parent-

Your child has shown an interest in joining the Stoddert Ski Team. The Ski Team will be taking one trip to Ski Liberty on February 11, 2016. Students will be provided with a two hour ski lesson in the morning and then will spend the rest of the day skiing. Lunch will be provided. The total cost of the trip will be \$60. Scholarships may be available for students who are unable to pay this fee.

Students will need to be at school by 7:00 am and will return to school around 7:00 pm so please be sure that transportation will not be a problem.

If you would like for your child to participate on the Ski Team please complete the attached registration form and include a \$5 registration fee. The remaining \$55 will need to be paid by January 15th.

Please make checks payable to Stoddert Elementary School.

If you would like to help chaperone the trip please complete the attached chaperone sheet. The cost for chaperones will also be **\$65**.

If you have any questions you can contact Ms. Prosser.
mary.prosser@dc.gov or 202-415-4120.

DCIAA/DCPS Educational Ski Program Registration Form

Name of Student: _____

Student's Birthday: _____

Address: _____

Home Phone Number: _____

Mother's Name: _____

Mother's Cell Phone Number: _____

Father's Name: _____

Father's Cell Phone Number: _____

All Students participating in the Ski Program must be covered by medical insurance.

Medical Insurance Carrier : _____

Policy Number: _____

Medical Information Please be as accurate as possible .

Height: _____ Weight: _____ Shoe Size: _____

Is your child currently under a physician's care? Yes No

If yes, please explain: _____

Is your child currently taking prescribed medicine? Yes No

If yes, please explain: _____

I am aware that skiing is a sport that, in spite of proper technique and training, may cause bodily injuries. I give my permission for my child to participate in the DCPS Educational Ski Program. I understand that my child's participation in the program is contingent upon his/her behavior and grades in school and that he or she can be removed from the program at the discretion of the Ski Team Sponsor.

Parent's Signature

Date

Ski Team Chaperone

Name: _____

Child's Name: _____

e-mail: _____

cell phone: _____

Height: _____

Weight: _____

Shoe Size: _____

Date of Birth: _____

Insurance Carrier: _____

Emergency Contact Name: _____

EC cell phone: _____

Do you have any medical conditions that we need to be aware of?

Cost for chaperones--\$65.00

Please return forms to Ms. Prosser.