

Ski The Summit Student Registration

Name of applicant: _____ DOB: _____ Gender: M / F

Address: _____ City: _____ State: _____ Zip: _____

Student email: _____ Student cellphone: _____

Home phone: _____ Roomate preference: _____

Current School: _____ Current Grade: _____

Accompanying sponsor/adult(s) for trip: _____

Parent/guardian: _____

Parent email: _____ Cellphone: _____

Current medications: _____

Allergies (food and medication): _____

Family physician: _____ Physician Phone: _____

Emergency contact 1: _____

Phone: _____ Relationship: _____

Emergency contact 2: _____

Phone: _____ Relationship: _____

Insurance company and phone number: _____

Please mark the appropriate options below:

1. (A) I wish to participate in skiing/snowboarding (B) I want to participate in the mini-courses
2. (A) I want to stay in the dorm (B) I want to stay in Guest Services with my sponsor (C) I am not staying on campus and will be staying _____
3. T-Shirt size: XS / S / M / L / XL (adult unisex sizing) 4. I plan to attend Wednesday's Shadow Day: Y / N

As a parent/legal guardian, I am in favor of _____ attending and participating in all activities unless otherwise specified. I hereby release the Montana Conference of Seventh-day Adventists and Mount Ellis Academy staff from liability in case of accident or illness. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give permission to the physician selected by Mount Ellis Academy staff to hospitalize, administer anesthesia and medications required, and perform surgery for my child.

Signature of parent/guardian: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Amount: _____ Payment: Cash or check # _____

Notes