

Free Ski Lessons at Hanson Hills



Third & Fourth Grades

Sponsored by the Grayling Recreation Authority, Crawford AuSable School District,
Grayling Youth Booster Club

THIS PROGRAM IS FOR NEW SKIERS ONLY

Homeroom Teacher _____

Name: _____ e-mail: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home _____ Work _____
Name: Mother _____ Father _____
Age: _____ D.O.B _____ Sex: M or F

Sign this form and return to your homeroom teacher no later than **January 4, 2010**. You will be notified through school as to which day of the week your ski class will meet. Once you are notified of the day your child is to attend, no switching of the days will be allowed due to bussing reasons. Your child will attend one (1) day a week. Class will meet five (5) weeks beginning **January 11, 2010**. Lessons will be given Mondays, Tuesdays, or Wednesdays from 3:30-5pm. Transportation to Hanson Hills will be provided by the Crawford AuSable School District. Parents: You are responsible for your child's ride home at 5 p.m. If school is closed due to scheduled days or ½ days off, or inclement weather, ski lessons will be extended by one (1) week. If there is a cancellation because of weather the school will be notified and your kids will be sent home as it is on their emergency card. **WE WILL NOT BE CALLING EVERY PARENT.** Weather cancellations are if actual temperatures are below 10 degrees at 11:00 am we will cancel. If wind chill is -10 degree or lower at 11:00 am we will cancel. If it is raining at 11:00 am we will cancel.

Please complete the following information as accurately as possible so we can properly fit your children's ski equipment.

Height: _____ ft. _____ in. Weight: _____ Shoe size: _____
(Shop use) Din: _____ Ability: Never Beginner Intermediate

Please circle which day your child CAN NOT ski: Monday Tuesday Wednesday

Students do not forget to wear Leather Ski Gloves or Glove Guards! Dress in warm jackets pants, hats and gloves.

For Adults- Yes! I would like to volunteer to help with the Free Ski Program.

Name _____ Phone _____

***Please Note. Helpers need not ski or know how.**

Parental Permission

_____ agrees to hold harmless, indemnify, and pay any attorney fees of the GRA and the State of Michigan, its servants, agents, and employees from any claims or demands that I may have or whatever kind and nature arising out of activities at or use of the premises controlled by GRA. In the case of emergency, I give my permission to place my child in the care of a qualified doctor or nurse.

Signature _____

Date _____

