



Mt. Kato Ski Trip

January 3



Students 5th grade & older

Fee: \$45 Ski/Snowboard

\$35 if you have your own equipment*

*snowboards must be wood with metal edge and have safety straps attached

\$3 Lessons-required of 1st time participants

Switching Fees-pay on your own
if you switch from ski to snowboard or
if you switch from snowboard to ski = \$5



Registration Deadline: Monday, December 19



Chaperones are needed!!

If interested, please call
CommUNITY Ed @732-5711

Cancellation:

You will be notified if the trip is cancelled due to:

- 1. Low registration numbers**
- 2. Not enough chaperones**

**If cancelled due to weather, please listen to
KAYL or KKIA**

**NO REFUNDS WILL BE GIVEN AFTER
December 30 unless the trip is cancelled**

- Location: Mt. Kato, Mankato, MN
- Fees: Fees include rental (ski or snowboard), lift ticket and transportation
- Open to students 5th through 12th Grade
- Transportation: Bus will depart from Storm Lake High School Parking Lot at 6:15 a.m. and will return at 9 p.m.
- Meals: Participants must bring a sack lunch and/or money for two meals

Please return to: CommUNITY Education, 419 Lake Avenue, PO Box 638, Storm Lake, IA 50588

Ski Registration Form Deadline: Monday, December 19, 2011

(Please print clearly. Form requires parent/guardian signature.)

Name _____ Age _____ Ski _____ Snowboard _____ Own Equipment Yes/No

Will your child need lessons (a must for first time participants)? Yes _____ No _____ circle one

Parent/Guardian Name _____ Address _____

Home Phone _____ Cell Phone _____

Family Doctor _____ Phone _____ Hospital _____

In case of accident or serious illness, I request the supervisor contact me. If unable to reach me, I hereby authorize him/her to call the doctor listed above and to follow his/her instruction. If it is impossible to contact this doctor, the supervisor may make whatever arrangements deemed necessary (the usual arrangements under these circumstances would be to send the student to a hospital emergency room).

Parent/Guardian Signature Required _____

Insurance Verification

I hereby request that _____ be permitted to participate in the CommUNITY Education Ski Trip. I give my permission for him/her to be sent to his/her family doctor, or to another available doctor, for an examination or treatment deemed necessary by the supervisor. I have my own insurance and I will be responsible for the cost of all services rendered by a doctor or hospital. **Signature** _____

Make Checks Payable to:
CommUNITY Education

If you qualify for free or reduced lunches and wish to take advantage of our scholarship program, mark this box and pay \$10 less than the regular fee.

For Office Use Only: Rec'd by _____
Cash _____ Check _____ Date _____