

2023 MADISON RECREATION 5th-8th GRADE SKI CLUB

BUS TRANSPORTATION FORM

\$175 PER PARTICIPANT FOR ALL 4 TRIPS (PLEASE SEE CHAPERONE FORM ON PAGE 4)

CHECKS FOR BUS FEES SHOULD BE MADE PAYABLE TO "BOROUGH OF MADISON".

Child's Name: _____

Grade (Will Be Used For Bus Assignments): _____

Child's Birthday: _____

Please also include your e-mail when completing your online registration with Mt. Peter. It will be used for all program distributions.

Primary E-Mail: _____

Primary Emergency Contact Name: _____

Primary Emergency Contact Phone Number: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Number: _____

Home Address: _____

Allergies/Medical Conditions:

LIABILITY RELEASE

As parent or legal guardian of the above named child, I hereby give my permission for him or her to participate in the Madison Recreation Ski Program. To the best of my knowledge, my child is physically able to participate and I understand that neither the Borough of Madison, the Madison Recreation Department, nor the Madison Recreation Ski Program provides medical liability insurance coverage in case of injury. I hereby release and hold harmless the Borough of Madison, the Madison Recreation Department, the Madison Recreation Ski Program, and its employees, and the officers, staff, members, and other volunteers of the Madison Recreation Ski Program from any liability, medical or otherwise, resulting from my child's participation in the program.

Parent/Guardian Name: _____

Signature: _____

Date: _____

PARTICIPANTS' CODE OF CONDUCT

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this Players' Code of Ethics pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, chaperones, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- I deserve to play in an environment that is free from drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will remember that sports participation is an opportunity to learn and have fun.

PARENTS' CODE OF CONDUCT

I hereby pledge to provide positive support, care, and encouragement for my child and other children participating in youth sports by following this Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach meet the necessary standards, including passing a background check and a concussion awareness test.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent/Guardian Name: _____

Signature: _____

Participant Name: _____

Signature: _____

Date: _____

**Borough of Madison
Supplemental Waiver and Release of Liability**

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Ski Club program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (e.g. communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention of the nearest official immediately; and,
4. I have reviewed and will adhere to all of Governor Murphy’s Executive Orders, The Centers for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for COVID-19 in all respects while using municipal facilities or participating in municipal activities; and,
5. I, for myself and on behalf of all my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Borough of Madison, their elected officials, commissioners, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

Participant Signature: _____

DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s/ward’s involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

DATE SIGNED: _____

Emergency Phone Number: _____

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CHAPERONE TRANSPORTATION FORM

TRANSPORTATION FEES WAIVED FOR CHAPERONES AND CHILDREN OF CHAPERONES

Chaperone Name: _____

Please also include your e-mail when completing your online registration with Mt. Peter. It will be used for all program distributions.

Primary E-Mail: _____

Primary Emergency Contact Name: _____

Primary Emergency Contact Phone Number: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Number: _____

Home Address: _____

Allergies/Medical Conditions:

LIABILITY RELEASE AND COMMITMENT

To the best of my knowledge, I am physically able to participate and I understand that neither the Borough of Madison, the Madison Recreation Department, nor the Madison Recreation Ski Program provides medical liability insurance coverage in case of injury. I hereby release and hold harmless the Borough of Madison, the Madison Recreation Department, the Madison Recreation Ski Program, and its employees, and the officers, staff, members, and other volunteers of the Madison Recreation Ski Program from any liability, medical or otherwise, resulting from my participation in the program.

I hereby commit to fulfill all the duties expected of a chaperone, including but not limited to: an online background check and safety training course, attending all four trips, and aiding and supervising all program participants to the best of my ability.

Chaperone Name: _____

Signature: _____

Date: _____