

Central/Talmadge Ski Program 2012

This year the ski program begins on Sunday, January 29th , Saturday, February 4 and Saturday, February 11. The bus will load from Central High School's west parking lot at 5:45 a.m. and leave at **6:00 a.m. sharp**. This time frame gets us to **Timberline** in time for a great day on the mountain. We will load the bus in time to leave by 4:00 pm and return to Central about 6:30 p.m. **Be sure to arrange transportation home**. Bring plenty of warm clothing, a sack lunch or spending money for the lodge. **Please have all forms and money turned in before Christmas Break**. In the event you cannot attend, please call Mrs. Youngren 503-838-4165. There are no refunds.

Cost for 3 week Program (please circle all that apply)

Bus \$ 78 / \$26 per week
Lift Tickets \$ 96 (11-14 years) **\$135** (15-17 years) **\$165** adult
Ski/Snowboard Rental \$75 (all ages) \$25 per week Helmet \$10 per week

Discover package: group age 11+ trying skiing or snowboarding for the first time. Special includes Bruno lift, equipment and 2 hr group lesson. **\$42** each time. .

Next Step Package: This package is designed for members 11+ who are advanced beginners to expert. Special includes all mountain lift tickets, equipment rental and 2 hr group lesson. **\$76** each time.

Your Total _____

* **Make checks payable to Central High School**

Ski Trip Rules

Misbehavior on the bus or ski slopes or use of alcohol, tobacco or illicit drugs will result in removal from the program.

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Central School District, the Central Ski Program and or Timberline, their representatives and assignees, for any and all injuries suffered by me at said ski program and traveling to and from same.

Student Signature _____ Date _____ Age _____

Parent Signature _____ Date _____

Emergency Numbers Home _____ Cell _____

Alternate Contact _____ phone _____

Insurance Company _____ Policy Number _____

Primary Care Doctor _____ Phone _____

*List **medical conditions/ medications** (use back if necessary)

