



School Based Youth Services

At Cape May County Technical High School

188 Crest Haven Road

Cape May Court House NJ 08210

(609) 380-0209 ext 686

The SBYS Program is going on a ski/snowboard/tubing trip on **Saturday, January 26, 2019** to Jack Frost Mountain in Pennsylvania. We will be gathering at **5:15 am** and departing from the Cape Tech front parking lot at **5:30 am SHARP!** We will be returning to school at approximately **8:30 pm**.

We plan to take up to 49 students and 5 adults. The adults will consist of SBYS staff and other adult volunteers, some of whom you may know as teachers in the school. Parents are hereby advised that, due to the nature of the trip and the fact that students will be in motion going down the slopes, *students will NOT be supervised at all times*. Students will be given the staffs' cell phone numbers.

Please note below if there are any medical concerns that staff should be aware of:

(Examples may include but are not limited to the following: asthma, allergies, diabetes, medications, recent injuries, etc.)

Please provide an emergency contact number that we may use on the day of the trip in the event that we need to contact you: Name: _____ Phone: _____

My student _____ has permission to attend the SBYS ski/snowboard trip(s) on Saturday, January 26, 2019.

Please Check Applicable Option(s) Below and make checks payable to "Cape Counseling Services":

- Bus and Lift Ticket----- \$70
- Bus, Lift Ticket, and Equipment Rental----- \$85
- Bus and Tubing ONLY for 3 hours (waiver needed – no helmets)----- \$60
- Bus and Tubing ONLY all day (waiver needed – no helmets)----- \$80
- Add-ons for skiing/snowboarding:
 - Lesson ----- \$10
 - Helmet (no helmets if tubing only) ----- \$10
 - Tubing (waiver needed)----- \$10

I understand that Cape Counseling and Cape May County Technical School District are NOT responsible for any injuries that may occur. I understand this trip is not affiliated or chaperoned by the Cape May County Technical School District. I understand that parents/guardians are advised, due to the nature of this trip, to have health insurance coverage for their student(s) on the day of this trip.

I understand, in case of emergency, every reasonable effort will be made to contact a parent or guardian. In the event that a parent/guardian cannot be reached, I hereby agree and give my permission to the physician selected by the adult leader in charge to secure proper emergency treatment which may include hospitalization, anesthesia, surgery, or injections of medication until such time as I release the adult leader from responsibility.

- **Health plan name:** _____ **Group No:** _____
- **Primary Card Holder:** _____ **Identification No.:** _____

Parent/Guardian Signature: _____ Student Signature: _____

Please Note: All students attending must also have an SBYS consent form signed. In addition, those students renting ski equipment will need to sign a release from Jack Frost Big Boulder. All students and parents – please read JFBB's Responsibility Code.