

IDA B WELLS HIGH SCHOOL SKI/SNOWBOARDING BUS: CONTACTS + MEDICAL

Student Name _____ Age _____ Grade _____

Address Street _____ City, State, Zip _____

Student E-Mail _____ Cell Phone _____

Parent/Guardian 1 Name _____

#1 E-Mail _____ Cell Phone _____

Parent/Guardian 2 Name _____

2 E-Mail _____ Cell Phone _____

Emergency Contacts other than parents/guardians

Emergency Contact 1 _____ Cell Phone _____

Emergency Contact 2 _____ Cell Phone _____

MEDICAL

Health Insurance Co _____ Student Birthday _____

Member/Subscriber Name + ID _____

Plan Number _____ Group Number _____

Primary Care Physician _____ Phone Number _____

Preferred Hospital _____ Date of last Tetanus Shot _____

Allergies (Food, Medication, Other) _____

Medical Conditions + Medications _____

COVID-19 Vaccination - REQUIRED TO COMPLETE PER OISA RULES:

Vaccine _____ Dose#1 _____ Dose#2 _____

_____ I consent to emergency medical treatment for my son/daughter

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

STUDENT CODE OF CONDUCT

IN ORDER TO PARTICIPATE ON THE IDA B WELLS HIGH SCHOOL SKI/SNOWBOARD BUS, THE STUDENT AND A PARENT/GUARDIAN MUST READ AND AGREE TO THE FOLLOWING:

BE ON TIME AND RESPECT THE BUS

The bus boards on practice days at the front of the school and will leave at the scheduled times. Departure from IBW: Check your e-mail and text for last minute updates, collect your equipment at the storage room and proceed directly to the bus without delay. Be respectful to driver, chaperones and riders. Departure from Meadows: Arrive 10 mins. before scheduled departure time to allow for headcount. Do not "trash" the bus. Dispose of litter in provided trash bags and help monitor and clean up the bus before exiting even if it is not your trash. A trashed bus will result in holding the team at meadows for 20 mins the following practice while we discuss responsibilities.

ELIGIBILITY

Students must be less than 19 years of age as of August 15. They must be currently enrolled in high school, attend regularly, and be passing in subjects equivalent to 5 credits minimum for the current and the preceding semester.

BEHAVIOR + LANGUAGE + DESTRUCTION OF PROPERTY + ILLEGAL SUBSTANCES

Ida B Wells High School behavior rules and regulations apply to the trip during all trip activities. Rude behavior, including abusive and discriminatory language, bullying, fighting, vandalism, and/or physical abuse towards coaches, chaperones, students, staff or parents during any IBW Ski/Snowboard function will not be tolerated. Possession, use, sales, or distribution of alcohol, narcotics, nicotine, or other illegal substances during participation at any IBW Ski/Snowboard event will be reported to Ida B Wells High School and parents/ guardians. Students will be suspended from the bus with no refund and expulsion may be a result from the rider's actions.

PARTICIPATION + RULES

Always ride with a minimum of 2 other people. NEVER RIDE ALONE. NEVER attempt new tricks without others present. Have Coach Derek's cell number in your phone (503-473-7317) along with MHM Ski Patrol's number (503-438-3216). When in doubt - CALL.

DRIVING

Notify the head coach/advisor/chaperones if you will be using alternate transportation to/from Mt. Hood Meadows instead of the bus or riding with a parent or guardian. Insurance policy dictates that all drivers and students must complete the "Driving and/or Riding in personal Vehicles" form when using personal transportation to and from the mountain when buses are provided. We do not recommend students driving themselves or friends to and from the mountain.

SAFETY + HELMETS

Helmets with a manufacturer's designation as being designed for snowboarding are to be worn at all times while participating in an IBW Ski/Snowboard function. If a student forgets their helmet, they must rent one at the resort in order to practice and/or compete. ANYONE caught riding without a helmet will be immediately expelled from the bus for the remainder of the season with no refund.

I agree with the above stipulations and realize that breaking any of the above Codes of Conduct may result in expulsion from the bus for possibly the remainder of the season. Fees paid to the team will not be refunded if a student is ineligible or expelled. I agree to wear a snowboard helmet at all times during my participation on the IBW Ski/Snowboard bus while riding for fun.

Student Name Print _____ Signature _____ Date _____

Parent Name Print _____ Signature _____ Date _____

Providence Mt Hood Meadows Mountain Clinic Consent to Treat

Providence Health & Services – Oregon dba Providence Hood River Memorial Hospital Mountain Clinic (“Providence”) is a medical first aid clinic located at Mt. Hood Meadows Ski Resort that provides emergency response and immediate care. For serious injuries or illnesses, clinic staff will stabilize and transfer patients to an appropriate medical facility.

In case of injury or illness requiring medical intervention, every effort will be made to notify parent/guardian. In the event that this is not possible, completing and signing the below form authorizes Providence to provide medical treatment to your child. Please note, that in the case of an emergency situation, parental consent is not needed to provide emergency medical treatment to a minor child.

STUDENT/PARTICIPANT INFORMATION			
Last name	First name	Date of birth	Gender
Home address		Apartment or building number	
City	State	Zip code	
Home phone	Student/participant cell phone	Group organizer/group name	Organizer phone
PARENT/GUARDIAN INFORMATION			
Last name	First name	Date of birth	Relationship to student/participant
Parent phone (Best contact number)	Parent alternate phone	Parent email address	
EMERGENCY CONTACT INFORMATION			
Name	Phone	Relationship to student/participant	
MEDICAL INFORMATION			
Medical provider name/phone	Dentist name/phone	Date of last tetanus shot	
Allergies (Including medication allergies)	Current medications		
Health history (Chronic or existing diseases or medical problems – i.e. asthma or diabetes)			
FINANCIAL INFORMATION			
Insurance company name	Insurance subscriber ID number	Group/plan number	
Subscriber name	Relationship to patient	Subscriber date of birth	

Please initial below (All boxes must be initialed and form signed for non-emergent services to be performed)

I consent for my minor child to receive health care services provided by Providence and I affirm that I have the right to consent as the parent or legal guardian of the minor child listed below.

I authorize Providence and their staff to communicate with my minor child’s healthcare providers about healthcare services rendered by Providence.

I accept financial responsibility for all treatment provided. The balance is due 30 days from the billing date. If I need financial assistance or wish to establish a payment plan I can contact a Providence financial representative.

I authorize Providence to bill my minor child’s health insurance provider for healthcare services rendered at Providence. Medicare and Medicaid enrollees: I request payment of authorized Medicare or Medicaid benefits be made on my minor child’s behalf for any services furnished to my minor child by Providence.

I am aware that Providence has teaching facilities and that a student may be involved in my care

Parent/guardian name: _____ Parent/guardian signature _____

Student/participant name: _____ Date: _____

WAIVER

I have agreed to participate in an activity that may be featured editorially on our website and/or social media to be published by Ida B Wells High School Snowboard Team and/or its affiliates, and have agreed that I will engage in the following conduct:

I acknowledge that the Activity may subject me to discomfort, injury or other risk of harm (including, but not limited to, COVID-19), and I acknowledge and agree that Ida B Wells High School Snowboard Team (The Club), and its affiliates (collectively OISA, Oregon Interscholastic Snowboard Association and Metro League) shall have no liability whatsoever relating to injuries and/or COVID-19 arising as a result of my participation in the activity.

I acknowledge that Ida B Wells High School Snowboard Team and its affiliates make no representation or warranty whatsoever about the outcome of my participation in the Activity, nor about the suitability or competence of third persons, if any, who may be involved with the Activity. I hereby waive and release any right to assert any and all claims or causes of action, based on any theory of liability or fault, that may arise against Ida B Wells High School Snowboard Team, its affiliates, or against the location/Mt. Hood Meadows, as a result of my participation in such Activity.

____ I represent that I am under the age of 18, and that the person executing this release in the space below my name is my parent or guardian and has authority to bind me to these terms.

Snowboarder Signature: _____

Print Name _____

Date: _____

Attested and Agreed:

Signature Parent/Guardian _____

Date: _____