

IDA B WELLS HIGH SCHOOL SNOWBOARDING TEAM: CONTACTS + MEDICAL

Student Name _____ Age _____ Grade _____

Address Street _____ City, State, Zip _____

Student E-Mail _____ Cell Phone _____

Parent/Guardian 1 Name _____

Parent 1 E-Mail _____ Cell Phone _____

Parent/Guardian 2 Name _____

Parent 2 E-Mail _____ Cell Phone _____

Emergency Contacts other than parents

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 COMPETE 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 _____

IDA B WELLS HIGH SCHOOL TEAM: FEES + HOODIE + VOLUNTEER Student

Name _____ School _____

TEAM HOODIE (1 Included)

ADDITIONAL ORDERS: \$50 each

Student Rider: Adult Size _____ Additional: _____ Adult Size _____ Adult Size _____

TEAM FEE Varsity - \$850 JV - \$715

Includes: OISA Registration, METRO Fee, Insurance, Snowboard Coaching, 1 Team Hoodie, Transportation to/from Practice, Metro League and State Championship Competition Fees and Bibs, Dinner on the bus ride to the mountain.

Not Included: Mt.Hood Meadows Season Pass, Housing

VOLUNTEER OPT-OUT Fee \$50

We *heavily* on volunteer participation to run the program. Volunteer examples are listed below. Each student *must* have one parent/guardian to volunteer at least once or opt out. This is being tracked this year and will affect the rider's ability to secure a preferred spot next season.

Volunteer Parent/Guardian Name _____

_____ Team Snacks for Practice Bus (Provide Individually packed snacks for 30+ students)

_____ Bus Chaperone _____ Equipment Storage AM _____ Equipment Storage PM

_____ Carpool Driver _____ Competition Volunteer _____ Comp Score Keeper

_____ Lodging Chaperone _____ Fundraising _____ Awards Ceremony Host _____ Party Food Provider

_____ Videographer/Photographer _____ Snacks/Drinks on the bus

FEES + ORDERS + Opt-OUT FEES payable by NOVEMBER 1:

PAYMENT Fee \$ _____ + Extra Hoodies \$ _____ + Non-Volunteer \$ _____ = Total \$ _____

Payment Method: ___ Team Website

STUDENT CODE OF CONDUCT

IN ORDER TO PARTICIPATE ON THE IDA B WELLS HIGH SCHOOL SNOWBOARD TEAM, 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 team 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 Team during all Team 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 Snowboard function will not be tolerated. Possession, use sales, or distribution of alcohol, narcotics, nicotine, or other illegal substances during participation at any IBW Snowboard event will be reported to Ida B Wells High School and parents/ guardians. Students will be suspended from the Team and expulsion may be a result from the rider's actions.

TRAINING PARTICIPATION + RULES

For student safety, riding with coaches and practicing with the team is mandatory. There will be a 45-60min freeride session before meeting up with coaches. Coaches may determine when exceptions can be made to this rule. Always practice with a coach and/or ride with a minimum of 2 other team members. NEVER RIDE ALONE. NEVER attempt new tricks without coaching staff present. Bring and wear your gaiter where we can see it to identify you on the slopes. Have Head 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 team 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 practice and competitions when buses are provided. We do not recommend students driving themselves or friends to and from practice or competitions.

SAFETY + HELMETS

Helmets with a manufacturer's designation as being designed for snowboarding are to be worn at all times while participating on the IBW Snowboard Team. 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 team 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 team. 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 Snowboard Team while riding for fun, practicing, and competing.

Student Name Print _____ Signature _____ Date _____

Parent Name Print _____ Signature _____ Date _____

IDA B WELLS SNOWBOARD TEAM SCHOLARSHIP

SCHOLARSHIPS ARE AVAILABLE !

Reduced Fees and Equipment awards vary each year depending on need, sponsorships, fundraising and donations. Your application/information will only be seen by IBW High School Team Staff for accounting and IBW Booster Funding application purposes and otherwise be kept confidential. To apply for our scholarship, please return application with your registration

Student Name _____ E-Mail _____ Grade _____

I need help with:

Team Fee reduction \$ _____ Season Pass purchase \$ _____

Equipment _____

Ida B Wells High School and the Metro League hold high standards for their teams and our Snowboard Team is no exception. What will you do to give back to the Ida B Wells High School and/or snowboarding community if you are chosen to receive a scholarship?

What inspires you to snowboard or want to learn to be a better snowboarder?

Please describe in short why you would like and/or need a team scholarship or equipment donation.

IDA B WELLS SNOWBOARD TEAM RIDER ABILITY

Student Name _____ Grade _____

Please self assess your level of experience so that we can anticipate our coaching needs. Everybody is welcome and encouraged to participate in competitions regardless of ability. Our goal is to get you to the next level of riding, get confident, and to have fun. If you have never snowboarded before, we ask that you take 1-3 beginner lessons at one of the resorts prior to first practice in order to ride the chairlift and be able to practice in a group setting, because we cannot provide private instruction.

BEGINNER

- _____ Never snowboarded before
- _____ Had beginner lesson on magic carpet and/or buttercup, not confident riding the lift
- _____ Able to ride lift and perform toe-side and heel-side “falling leaf” on easy runs
- _____ Able to make basic toe-side to heel-side turns but not yet linking turns continuously
- _____ Confidently linking turns down GREEN and some BLUE runs

INTERMEDIATE

- _____ Able to ride all groomed runs. Starting to ride switch. Experimenting on park and terrain features
- _____ Confident riding all groomed runs. Confident riding switch on GREEN and BLUE runs
- _____ Starting to ride halfpipe, boxes, off piste, powder, and natural features

ADVANCED

- _____ Confident carving all groomed runs, riding powder, trees and steep off-off-piste with ease.
- _____ Able to ride intermediate terrain park and perform grabs, board slides and 180 spins.
- _____ Riding switch on steeps.
- _____ Rides all terrain confidently both regular and switch.
- _____ Able to perform advanced freestyle maneuvers in the advanced terrain park

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, relating to COVID-19 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 training.

____ 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: _____