

**VIRGIL COVE (YOUTH COMMISSION)  
SKI AND SNOWBOARDING PROGRAM 2025  
EMERGENCY CONTACT FORM**

PARTICIPANTS  
NAME(S)\_\_\_\_\_

GRADE(S)\_\_\_\_\_ AGE(S)\_\_\_\_\_

PARTICIPANT'S  
ADDRESS\_\_\_\_\_

**PARENTS: PLEASE LIST ALL NAMES, PHONES AND OR EMAILS OF CHOICE WHERE YOU WOULD LIKE CANCELLATIONS, REMINDERS, UPDATES, ETC TO BE FORWARDED.**

PARENT/ADULT1:\_\_\_\_\_

PARENT/ADULT 2:\_\_\_\_\_

**2 EMERGENCY CONTACTS IN CASE WE ARE UNABLE TO REACH PARENTS DURING PROGRAM HOURS**

EMERGENCY CONTACT NAME\_\_\_\_\_ PHONE\_\_\_\_\_

EMERGENCY CONTACT NAME\_\_\_\_\_ PHONE\_\_\_\_\_

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK MY CHILD,\_\_\_\_\_  
UP FROM SKI/SNOWBOARDING PROGRAM AT GREEK PEAK MOUNTAIN RESORT.

NAME\_\_\_\_\_ PHONE\_\_\_\_\_

NAME\_\_\_\_\_ PHONE\_\_\_\_\_

**I GIVE PERMISSION FOR VIRGIL COVE (YOUTH COMMISSION), PROGRAM ADVISORS, AND GREEK PEAK MOUNTAIN RESORT TO ADMINISTER FIRST AID CARE AND OR MEDICAL ATTENTION ON BEHALF OF MY CHILD IF I CANNOT BE CONTACTED. I AGREE TO ASSUME ALL COSTS OF ANY MEDICAL ASSISTANCE PROVIDED ON BEHALF OF MY CHILD. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOR MY CHILD TO PARTICIPATE IN VIRGIL COVE SKI/SNOWBOARDING PROGRAM.**

PARENTS SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

**STUDENTS: \*\*AS A PARTICIPANT IN THE VIRGIL COVE SKI PROGRAM I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS AND I AGREE TO ABIDE BY THEM.**

PARTICIPANT'S NAME (PRINT)\_\_\_\_\_

PARTICIPANTS SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_