

## Permission Form for WHS Ski Team Race Training Camp

I give permission for my son/daughter to travel with the Weston High School Ski Team as per the attached itinerary for a Race Training Camp at Smugglers' Notch Ski Area, Vermont, Friday, December 17 through Sunday, December 19, 2021.

My signature below indicates I agree to the following:

1. All school rules will be strictly enforced and any violation of those rules will result in the student being sent home immediately at the parent's expense as well as dismissal from the team. Other appropriate disciplinary action will be taken upon the student's return to Weston High School (including suspension from school). Athletes not admitting to, but subsequently found guilty of violating a training rule will be subject to further disciplinary action which may include a permanent ban from the Ski Team.
2. To help ensure an enjoyable trip for both students and chaperones, I give permission for my son's/daughter's bags and possessions to be inspected.
3. I agree to hold harmless the Town of Weston, its employees or agents, and any volunteer chaperones for any accident, injury, or other claim, loss, or damage incurred by my child while participating in this Ski Team event, or during any transportation involved with this event.

Parent's Name	Phone #'s	Parent's Signature	Date
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I, the student, understand all school rules will be strictly enforced during this and any Ski Team Trip, and any violation of those rules will result in my being sent home immediately at my parents' expense as well as dismissal from the team. Other appropriate disciplinary action will be taken upon my return to Weston High School (including suspension from school). Athletes not admitting to, but subsequently found guilty of violating a training rule will be subject to further disciplinary action which may include a permanent ban from the Ski Team.

Student's Name	Cell #	Student's Signature	Date
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**Note:** This Ski Team Training Camp will involve strenuous activities such as hiking with ski equipment and race training. Please indicate below any medical conditions that would limit your son's/daughter's activities:

**Please complete the WHS Medical Form on the next page**