

Dear Parents,

<u>Once again NDA is offering a Ski Trip to Hidden Valley in Elkwater to all students.</u> Below is the information you need to know:

When: Wednesday, January 22<sup>nd</sup>, 2025

Where: Hidden Valley Ski Resort, Elkwater, Alberta

Depart from NDA: 7:45 am (Please be at school by 7:15 am for attendance)

Arrive back at NDA: 4:30 pm (Please have a ride arranged for pickup)

<u>Cost:</u> Package Prices are attached.

How can I pay? School Cash Online Only

All students MUST wear a Helmet - Ski Hill Policy and MHCBE Policy

<u>All students MUST take a lesson regardless of ability</u> - Ski Hill Policy and MHCBE Policy

## Additional Reminders:

- Students are responsible for all items brought on the trip.
- Dress appropriately.
- For lunch students can bring a bag lunch or buy food at the concession.
- If for some reason the ski trip has to be cancelled it will be announced early Wednesday morning on the local radio stations.

<u>What do I need to do next?</u> - Sign in to your School Cash account and pay for the ski trip. Read the Parent Information Sheet and fill out the 3 forms which include the HV Participation Registration/Consent Form, HV Equipment and Assumption of Risk form, MHCBE Parent/Guardian Consent Form and return them to the school by Wednesday, January 9<sup>th</sup>, 2025.

If you have any questions, please don't hesitate to give me a call (403) 527-5118 or an email: neal.siedlecki@mhcbe.ab.ca

Thanks.

Neal Siedlecki NDA Principal



# NDA Ski Trip Package Prices

• The ski trip is optional, but we hope that students will take advantage of this opportunity.

Location: Hidden Valley, Elkwater

Date: Wednesday January 22<sup>nd</sup>, 2025.

## Rates: Paid through School Cash Only

A	Lift/Lesson/Rental/Helmet/Bus	\$80.00
В	Lift/ Lesson/Bus (Have own equipment)	\$65.00
С	Lesson Only (Have own pass & Equipment)/Bus	\$45.00
D	Helmet Rental	FREE

- Please return completed forms to the school ASAP.
- Payment on School Cash does NOT guarantee a spot on the ski trip until forms are completed and sent back to the school.
- Forms will <u>not</u> be accepted after Wednesday, January 9<sup>th</sup>, 2025.

# Incomplete forms will be returned to the student.

## Additional Info:

- Hidden Valley Ski Area requires <u>all</u> students to take a lesson.
- MHCBE requires all participants to wear a ski/snowboard helmet.
- First 130 students will be allowed to go.

If you have any questions, please feel free to contact me at the school.

Neal Siedlecki neal.siedlecki@mhcbe.ab.ca (403) 527-5118





#### Participant Registration / Consent Form 2024

Date)	. Please complete the	e participant details belo	ow.	
				A
			-	Age:
rade:				
	¥:			
	e#:			
	g.Allergies)			
ease be aware that l	e note NO changes from Ski to by signing this, you accept resp agreed date of visit and may b	ponsibility for any loss o	or damage due to inapp	e day, after lessons begin. ropriate use or failure to retur
Тур	e of lesson required:	Ski	Snowboard	
Terrain Park:				
Acknowledgeme	ff limits to school groups. M ent of Ability Guide:			
Terrain Park is o Acknowledgeme Skier Type 0 = New Competently and o	e <b>nt of Ability Guide:</b> er Skled / Boarded before, Typ controlled on moderate runs, <b>T</b>	oe 1 = Skis / Boards Con. T <b>ype 3 =</b> Skis / Boards or	servatively on easy terr a all runs with higher, co	ontrolled, speed
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Administrative Procedure 260 - Field Trip Medicine Hat Catholic Board of Education

Form-260-3B Single Field Trip Consent Form Page 1 of 1

### **PARENT/GUARDIAN CONSENT**

Off-Site Activity - Canadian/International Outside Alberta (INCLUDES: Canadian Field Trip, International Field Trip)

Dear PARENT(s) or GUARDIAN(s) of: Grade 6-9       RM #         Please read this form carefully. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. This CONSENT form         must be signed and returned to the school by:								
PROGRAM ACTIVITY INFORMATION - Additional Itinerary and Field Trip details will be provided (if required)								
SCHOOL NAME: Notre Dame Academy								
Departure Date & Time: Jan 22, 2024	7:45 am Return Date	and Time: Jan 22,	2024 4:30 pm					
Purpose or Education Goal(s): Outdoor I	Purpose or Education Goal(s): Outdoor Pursuits - PE							
Itinerary/Activities: attached								
Method of Transportation: School Bus	ву: _S	outhland Transp	portation					
Lead Teacher Name & Contact Info: Neal		Total #	of Supervisors <u>14</u>					
Supervisory Arrangements: supervision	0A 0							
Cost to the Student: varies	What to Bring: <u>attached</u>							
<ul> <li>SCHOOL RESPONSIBILITIES - The school will make every reasonable effort to ensure or ascertain that:</li> <li>1. The staff, volunteers and/or service provided involved are suitably trained and qualified.</li> <li>2. The students are adequately supervised over all aspects of the program activity.</li> <li>3. The location(s) used are appropriate and safe for the activity(ies) and group.</li> <li>4. Equipment used has been inspected and deemed appropriate and safe.</li> <li>5. Every effort is made to identify and manage known potential risks.</li> <li>6. Emergency Procedures are in place to deal with an injury or illness to any of the students.</li> </ul>								
POTENTIAL KNOWN RISKS: concu-	ssions, sprains, broken bones, l	odily harm, frost	bite, travelling risks,					
POTENTIAL KNOWN RISKS: concussions, sprains, broken bones, bodily harm, frost bite, travelling risks, death								
CONSENT AND ACKNOWLEDGEN	MENT OF RISK (signature denot	es consent) M	EDICAL INFORMATION					
<ol> <li>I accept the mode of transportation for this ac</li> <li>I acknowledge my right to obtain as much info and associated risks and hazards, including i or board.</li> </ol>	ormation as I require about this program	or activity	lergies:					
<ol> <li>I freely and voluntarily assume the risks/haza and acknowledge that my child may suffer pe his/her participation.</li> <li>My child has been informed they abide by the instructions from the school's and/or service p</li> </ol>	ing from Ca ons and He	arries EPI-PEN: Yes No arries ANA-KIT: Yes No ealth/Medical/Physical Issues:						
over all phases of the program/activity. 5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, where a base is a still be an arrived than the program and regulations.								
<ul> <li>unless I have specified other transport arrangements.</li> <li>I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.</li> <li>I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.</li> </ul>								
Name of Student: Date of Birth: has my permission to participate.								
AB Healthcare #: Parent/Guardian/Emergency Contact Name:								
Phone # Alternate Phone # Today's Date								
Parent Signature × Parent Name (Print) ×								
<b>DISCLAIMER</b> - PARTICIPATION IN THIS EVENT IS DEPENDENT ON ACCEPTABLE HEALTH AND SAFETY CONDITIONS IN THE COUNTRY AT THE TIME OF THE EVENT. IF PARTICIPATION IS CANCELLED DUE TO UNFORESEEN CIRCUMSTANCES, MEDICINE HAT CATHOLIC BOARD OF EDUCATION WILL NOT ACCEPT RESPONSIBILITY FOR THE EXPENSES INCURRED IN PREPARATION FOR THIS EVENT.								





### Please read the Equipment and Assumption of Risks carefully before signing.

#### EQUIPMENT

**Hidden Valley Ski Resort (Government of Alberta)** provides rental equipment. Bindings on equipment reduce the risk of injury when falling. They will not release under all circumstances and they do not guarantee safety in all cases. I/we agree to waive any and all claims that I/we have or may have in the future against **Hidden Valley Ski Resort (Government of Alberta)** and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, sponsors, successors and assigns and the manufacturer or employees of these resulting in any loss, damage, injury or expense that I/we may suffer as a result of the use of equipment. I/we freely accept and fully assume all risks, dangers and hazards associated with the use of the equipment.

#### **ASSUMPTION OF RISK**

I/we are aware that skiing involves many risks, dangers and hazards and I/we assume all risk of personal injury, death or property loss resulting from any cause whatsoever including, but not limited to, the inherent risks of skiing and snowboarding, the use of lifts, collision with natural or man-made objects or other participants, travel within or beyond the ski area boundaries, including negligence, breach of contract, or breach of statutory duty of care on the part of **Hidden Valley Ski Resort (Government of Alberta)**. I/We agree that **Hidden Valley Ski Resort (Government of Alberta)** and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns shall not be liable for any such personal injury, death or property loss. I/we release and waive any and all claims that I/we have or may have in the future against **Hidden Valley Ski Resort (Government of Alberta)**.

I/we have read and discussed the information in this consent, including the Alpine Responsibility Code. I/we agree to its contents and give consent for the named participant to participate in the activities listed above and have ensured that information contained is accurate.

Parent / Guardian (Print):	Signature:	Date:	
Participant (Print):	Signature (if over 17):	Date:	