



UNMATCHED EXPERIENCE

KMS offers unmatched opportunities for today's student-athlete to excel athletically while pursuing college prep academics.

2013 ACTION SPORTS STRENGTH REGISTRATION

The following is a list of steps that need to be completed in order to register for the KMS Action Sports Strength Camps.

If you have an concerns or questions while you are completing the BOOST camp registration packet, please contact Matt Gnoza, *Athletic Director, Action Sports Program*, mgnoza@killingtonmountainschool.org, 802.422.5671 x.271.

For EACH athlete attending, please complete the following steps:

1. Complete the **ENROLLMENT FORM** (one page), making sure to indicate which camps you are planning on attending.
2. Complete the **MEDICAL FORMS** (four pages) .
3. Complete the **RELEASE FORM** (two pages).
4. Mail completed forms (#1 - 3 above), copy of health insurance card and payment in full to:

Killington Mountain School
attn: Action Sports - Strength Camps
2708 Killington Road
Killington, VT 05751

Upon receipt of the complete camp registration packet you will receive a registration confirmation email letting you know that your camp spot is secured.



Matt Gnoza, Athletic Director, Action Sports // mgnoza@killingtonmountainschool.org

KMS // 2708 Killington Road, Killington, Vt. // 802.422.5671 // www.KillingtonMountainSchool.org



2013 ACTION SPORTS STRENGTH ENROLLMENT

CAMP CHOICE

	Enter Camp Amount Here
<input type="checkbox"/> Camp 1: Summer Snow Prepration: June 24 - 26. \$200	<input type="text"/>
<input type="checkbox"/> Camp 2: Summer Tune-up: August 19 - 23. \$200	<input type="text"/>
TOTAL AMOUNT DUE:	<input type="text"/>

Please make check payable to "Killington Mountain School".

ATHLETE INFORMATION

Athlete Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Athlete Cell Phone: _____

Age: _____ Grade: _____ USSA Number: _____

Athlete Email: _____ Ski Club Affiliation: _____

PARENT INFORMATION

Mother Name: _____

Email: _____

Work Phone: _____ Mother Cell Phone: _____

.....

Father Name: _____

Email: _____

Work Phone: _____ Father Cell Phone: _____

ADDITIONAL INFORMATION

T-Shirt Size: ☐ s ☐ m ☐ l ☐ xl

Matt Gnoza, Athletic Director, Action Sports // mgnoza@killingtonmountainschool.org

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2013 ACTION SPORTS STRENGTH MEDICAL INFORMATION (page 1)

INSURANCE INFORMATION

Athlete Name: _____

Name of Insured Parent: _____

Insured's Employer: _____

Insurance Plan: _____

Address: _____

Group Number: _____

Insured's Identification Number: _____

****Please include a copy of the front and back of your insurance card****

AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT

Understanding that my child may need emergency or non-emergency treatment while attending KMS camps, I authorize the school, through its nurses, trainers, coaches, administrators and faculty to administer such first aid or other minor medical treatment, including over the-counter medications, which shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand the organization will attempt to notify me, or my spouse, in the event of an emergency requiring immediate medical care, and if the camp is unable to notify me, I consent to have my child treated by a duly qualified physician at the nearest emergency facility. I will not hold Killington Mountain School financially responsible for the emergency care and/or transportation of my child. I acknowledge that it is my responsibility to keep my child's health records current. I also understand the obligation to provide medical insurance for my child rests with me as a parent or guardian.

Signature of parent or guardian _____ Date _____

RELEASE OF INFORMATION

I, as the parent or guardian of _____, acknowledge that Killington Mountain School has received health information and records regarding my child from his/her physician. I hereby authorize faculty members, nurses, athletic trainers, administrators, coaches and employees of Killington Mountain School and its affiliates to receive, review, discuss and disclose my child's health information and record to others at Killington Mountain School, if necessary for my child's education, well-being, health and safety and/or coordination of services. I hereby release Killington Mountain School, its affiliates, faculty members, nurses, athletic trainers, administrators, coaches and employees from any liability, damages and expenses arising in connection with the receipt, use, disclosure or discussion of my child's health information and records.

Signature of parent or guardian _____ Date _____



2013 ACTION SPORTS STRENGTH MEDICAL INFORMATION (page 2)

OVER THE COUNTER MEDICATION AUTHORIZATION

Student name _____

Medications that are stocked in the school office are listed below. Your child may demonstrate certain signs and symptoms that could benefit from these medications. Over-the-counter medications will be administered according to the manufacturer indications and age/weight appropriate directions as written on the label.

Medications stocked in the office

- | | |
|---|-------------------------------|
| ▪ Ibuprofen/Advil//Motrin | ▪ Maalox/Tums |
| ▪ Acetaminophen/Tylenol | ▪ Pepcid |
| ▪ Aleve | ▪ Pepto Bismol |
| ▪ Triple Antibiotic Ointment (Bacitracin, Neomycin, etc.) | ▪ Robitussin |
| ▪ Benadryl | ▪ Sudafed |
| ▪ Caladryl | ▪ Nyquil |
| ▪ Hydrocortisone Cream | ▪ Dayquil/Dayquil Cough |
| ▪ Hydrogen Peroxide | ▪ Throat lozenges/cough drops |
| ▪ Imodium | |

- ☐ Yes, I give permission for my child to receive the above medications, if deemed necessary.
- ☐ My child may receive any of the above medications with the following exceptions: _____
- ☐ I request to be notified before any medication is administered.

Signature of parent or guardian _____ Date _____

Prescription Medication Authorization

Prescription medication may be brought to school for administration only with a written consent from a parent. Medication to be administered must be in the original container labeled by the pharmacy or physician.

Name of medication	Dosage	Time to be given	Reason for medication	Special instructions

My child has permission to receive the above medication(s) as directed.

Signature of parent or guardian _____ Date _____

2013 ACTION SPORTS STRENGTH MEDICAL INFORMATION (page 3)

MEDICAL HISTORY

To be filled out by the parent.

Explain "yes" responses in space provided below.

	Yes	No		Yes	No		Yes	No
Measles			Asthma (note frequency below)			Back problems		
German measles			Shortness of breath			Tumor, cancer, cyst		
Mumps			Allergies (please list all below)			Jaundice		
Chicken Pox			Sleepwalking			Gallbladder trouble or gallstones		
Malaria			Insomnia			Hypoglycemia		
Amoebic Dysentery			Anxiety			Recurrent diarrhea		
Gum or tooth trouble			Depression			Hernia		
Sinusitis			Eating disorder			Recent gain or loss of weight		
Eye trouble			Pain/pressure in chest			Dizziness, fainting		
Ear, nose, throat trouble			Chronic cough			Weakness, paralysis		
Recent surgery			Palpitations (heart)			Diabetes		
Recurrent headaches			High or low blood pressure			Kidney disease		
Recurrent colds			Rheumatic fever or heart murmur			Other (please note below)		
Head injury with unconsciousness			Disease or injury of joints			For Women Only		
Tuberculosis			Frostbite			Irregular periods		
Seizures			Circulation problems			Severe cramps		
			Trick knee, shoulder, etc.			Excessive flow		

	Yes	No
Has the student's physical activity been restricted during the past five years? (Provide reasons and durations)		
Has the student received treatment or counseling for a nervous condition, personality or character disorder, or emotional problem?		
Is the student currently receiving counseling?		
Has the student had any illness or injury or been hospitalized other than already noted?		
Does the student currently or has the student in the past had any problems with substance abuse or chemical dependency?		
Has the student been treated by clinics, physicians, healers, or other practitioners within the past five years? (Other than routine check-ups)		
Has the student been immunized against tuberculosis with BCC vaccine?		
Do you have any concerns in regard to the student's health, family history or other matters which you would like to discuss now with a Killington Mountain School administrator?		

Please explain "yes" responses below

Parent signature _____ Date _____

2013 ACTION SPORTS STRENGTH MEDICAL INFORMATION (page 4)

MEDICAL HISTORY (continued)

To be completed by the parent or physician.

Don't forget to attach an updated immunization record

Please review the student's history and complete this form. Please comment on all "yes" answers. This information is strictly for the use of the Health Service and will not be released without parent consent.

Student Name _____

Date of birth _____ Date of last physical exam _____

Blood pressure _____ Pulse _____ Height _____ Weight _____

Immunization Record

State law requires an Official Certificate of Immunization in addition to the information provided below.

	Dates administered				
Diphtheria Tetanus Pertussis (DPT)					
Diphtheria Tetanus					
Polio Oral					
Hepatitis B					
Measles, Mumps, Rubella (MMR)					
Mumps					
German measles					
Measles					
Meningitis (recommended, not required)					
Tuberculin test					

Medical conditions

Explain "yes" answers in space provided below.

	Yes	No		Yes	No	Musculoskeletal:	Yes	No
Hearing			Genitourinary			Neck/back		
Vision			Gastrointestinal			Leg/ankle		
Head, ears, nose, throat			Metabolic/endocrine			Foot		
Respiratory			Skin			Knee		
Cardiovascular			Neuropsychiatric			Hip/thigh		
			Other			Shoulder/elbow/arm		
						Wrist/hand		

Please explain "yes" responses below



2013 ACTION SPORTS STRENGTH RELEASE (page 1)

CONTRACT, RELEASE AND HOLD HARMLESS AGREEMENT

The Athlete and his or her parents or guardian (hereinafter the "Athlete") named on this document, contracts with the Killington Mountain School, its agents, employees, directors, volunteers, teachers, coaches, or others working at the request or direction of any KMS agent, employee, teacher, coach, or director, including in their individual capacities, (herein "KMS") and agrees that the Athlete is subject to the terms of this agreement, and KMS rules and regulations, the rules and regulations of United States Ski Association (herein "USSA") and the Vermont Alpine Racing Association (herein "VARA"), as they may apply, and the rules of good sportsmanship.

By the acceptance and enrollment of the Athlete in KMS or any KMS Program, the Athlete hereby releases and discharges KMS from any claims or causes of action for any reason including, but not limited to, **claims of negligence** which may arise because of any personal injury to the Athlete or death of the Athlete or property damage while in attendance at KMS or enrolled in any KMS Program and at or during any KMS Program or activity, including use and training on trampolines, physical conditioning activities including lifting and other gym workouts, participation in or training of any kind for any sports, or participation in or attendance of or at any sporting events, sports training camps or sports competitions, including, but not limited to, snowboarding, skiing or ski-related activities, whether within or outside the United States. Furthermore, it is understood that the Athlete enrolled in KMS or any KMS Program, may also be enrolled and may participate in various training, sports, and/or skiing activities through USSA and VARA or other programs, whose rigorous athletic activities carry a significant risk of personal injury or death.

The Athlete agrees and acknowledges that there are **INHERENT DANGERS AND RISKS OF SKIING AND SNOWBOARDING AND CONDITIONING FOR AND TRAINING FOR AND PARTICIPATING IN SKIING AND SNOWBOARDING COMPETITIONS**. The Athlete agrees and acknowledges that those inherent risks include but are not limited to dangers or conditions which are an integral part of the sport including changing weather conditions; snow conditions as they exist or may change, such as ice, hard pack, powder, packed powder, wind pack, corn, crust, slush, cut-up snow, and machine-made snow; surface or subsurface conditions such as bare spots, forest growth, rocks, stumps, streambeds, cliffs, extreme terrain, and trees, or other natural objects, and collisions with such natural objects; impact with gates, lift towers, signs, posts, fences or enclosures, hydrants, water pipes, or other man-made structures and their components; variations in steepness or terrain, whether natural or as a result of slope design, snowmaking or grooming operations, including but not limited to roads, freestyle terrain, jumps, and catwalks or other terrain modifications; collisions with other skiers or snowboarders; sudden and unintentional loss of control for various reasons and the unintentional failure of skiers or snowboarders to ski or board within their own abilities, and equipment malfunctions. **The Athlete agrees that training for and participation in competitions adds additional risks inherent in sport because of increased speed and reduced control and for other reasons.** The Athlete understands and acknowledges that the use of protective equipment such as helmets, back protectors, face masks, shin guards, arm pads or other protective or safety devices may reduce or mitigate the severity of injuries in certain circumstances but their use is in no way a guarantee of safety. The Athlete agrees and acknowledges that the use of such protective equipment or safety devices has limited capability as far as shock absorption and that serious injury or death can result from both low and high energy impacts, even when the protective equipment or safety device is worn or used.

Athlete Signature _____

Parent/Guardian Signature _____



2013 ACTION SPORTS STRENGTH RELEASE (page 2)

CONTRACT, RELEASE AND HOLD HARMLESS AGREEMENT (continued)

As a further condition of the acceptance and enrollment of the Athlete in KMS or any KMS Program, the Athlete freely accepts and voluntarily assumes the risk of any and all personal injury or death or property damage from participation in training or sports including, but not limited to, snowboarding, skiing or ski-related activities, including training and dry land training, trampoline training and weight training or other training or conditioning of any kind and releases KMS from any and all liability for personal injury or property damage resulting from any cause, specifically including, but not limited to **negligence**; accepting for ourselves full responsibility for any and all such damage or personal injury of any kind which may result and further agree to hold KMS harmless from any such claim or loss.

The Athlete further recognize that the use of such protective equipment has limited capability as far as shock absorption and that serious injury or death can result from both low and high energy impacts, even when the protective equipment is worn.

Permission is hereby granted for the Athlete to travel (including abroad) to competitions and events with KMS coaches. This permission includes permission to be a passenger in vehicles owned or leased by KMS. The Athlete hereby releases KMS, their coaches, members or agents, and any person officially connected with the KMS Program from all liability for any injuries or damages resulting from travel or use of vehicles except to the extent of automobile insurance coverage available, including under insured motorist coverage.

The Athlete agrees that the terms of this document shall be admissible as a binding legal agreement between the Athlete and KMS. The Athlete acknowledges that if a court determines that part of this document is inadmissible, that the remaining paragraphs shall remain in full force and effect.

The Athlete and the Athlete's Parent/Guardian also understand that KMS has a No Tolerance Policy regarding the use or possession of drugs, alcohol, and malicious, reckless or inappropriate behavior. If, in the sole discretion of KMS, the Athlete is in violation of the No Tolerance Policy, the Athlete and the Athlete's Parent/Guardian agree that KMS may take disciplinary action, including immediate dismissal from the KMS Program without refund of any monies to the Athlete or the Athlete's Parent/Guardian.

The Athlete agrees that should a claim be made against KMS or KMS agent, employee, teacher, coach, or director, or other student (including in their individual capacities) which claim or cause of action is based on our student's alleged negligence or conduct, (notwithstanding that the claim may be stated as a failure to supervise the Athlete) Athlete agrees that Athlete's liability insurance shall be primary and any KMS insurance or liability shall be excess. Athlete agrees to defend, hold harmless and indemnify KMS from all claims, liens, costs or expenses whatsoever regarding the negligence or other conduct of Athlete.

To the extent that I am signing this document on behalf of any minor, I represent and guarantee that I have full authority to do so realizing the full binding effect of this contract on the minor (the Athlete) as well as on myself. **The Athlete further agrees to indemnify and hold harmless KMS for any claims brought on behalf of the Athlete relating to any damages allegedly sustained by the Athlete while at KMS or participating in or through the KMS Program and indemnify and hold harmless KMS for any claims against KMS relating to or resulting from the Athlete's behavior, conduct or actions.**

Athlete's Signature _____
Date _____

Parent/Guardian Signature _____
Date _____

Print Participant's Name _____
Date _____