



Ruffing Parents, Skiers and Snowboarders! Ski at Peek n' Peak with the Ruffing Ski/Snowboard Club!

The Ruffing Ski/Snowboard Club is traveling to Peek n' Peak, located in Findley Lake in Western New York, on five Saturdays this winter. The dates are January 9, January 23, January 30, February 6, and February 20. The Ski/Snowboard Club is open to all ages. Fifth grade students and older can sign up unaccompanied by a parent. All younger students are welcome with a responsible adult who intends to ski/snowboard with that student. Mary Beth McCormack, Upper Elementary Faculty, will chaperone each of the five sessions.

Peek'n Peak is located in Findley Lake, New York, 110 miles east on I-90 to I-87. It has 27 slopes and trails with eight chair lifts. There are a variety of different levels of terrain ranging from beginner to advanced slopes. Visit the web site at www.pknpk.com for additional information.

Transportation to the Peak

We will travel to Peek'n Peak by coach bus. The bus will leave the Ruffing parking lot at 7:30 a.m. sharp on the above dates. The bus will load and leave Peek'n Peak at 3:30 p.m. sharp and return to Ruffing at 5:30 p.m.

Refreshments and Lunch

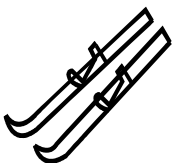
There is a full snack bar, restaurant, and vending machines. With the lift ticket, all participants will receive a 20% discount on food in the main lodge. Kids are encouraged to either pack a lunch or bring money to cover the costs.

Costs and Sign Up

In order to keep the cost of the bus controlled, and to provide consistency, older unaccompanied students must sign up for all five sessions. Students participating with adults/parents may sign up and join our Saturday skiing outing on a weekly basis. Parents of fifth grade students and older are welcome to spend a few (or more) Saturdays skiing with us and enjoy a comfy bus ride afterwards.

The cost of the bus is based on 20 participants. There will be an adjustment made in the total package cost if the number of participants varies from 20.

You can reach Mary Beth McCormack, Upper Elementary, at school at 216.321.7571 or by email at marybethm@ruffingmontessori.net with any questions. Mary Beth will chaperone and ski with the group each week.





Season Pass (Five Sessions) Pricing:

If you are signing up for all five sessions, you must take lessons each of the five weeks.

“Season Pass”:	This package includes lift tickets, bus transportation, and lessons.	\$500
“Season Pass” + rental:	This package includes lift tickets, bus transportation, lessons, and rentals	\$630

Saturday Session Pricing:

Lessons are available on a weekly basis for skiers and snowboarders.

Saturday Session:	This package includes a single lift ticket and bus transportation. (Lesson NOT included)	\$80
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Saturday Session + Rental:	This package includes a single lift ticket, bus transportation, and rental. (Lesson NOT included)	\$106
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Lesson cost per week:	additional	\$22/wk
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Yes I, _____, will join for all five sessions.
(Name)

Yes, I, _____ with _____, will join for the following weeks:
(Child's Name) (Adult's Name)

- 9 January 23 January 30 January 6 February 20 February
 lesson lesson lesson lesson lesson

Payment: Please submit enrollment form and payment to Ruffing Montessori School.

NOTE: Participants or legal guardians of participants will be required to sign a Permission & Emergency Information form as well as a Ruffing Ski/Snowboard Club Contract prior to the first session. The required forms will be sent to you once we receive your enrollment form and payment.





RUFFING SKI & SNOWBOARD CLUB
RELEASE & EMERGENCY INFORMATION FORM 2009-2010
For adults 18 years of age and older.

RELEASE & HOLD HARMLESS AGREEMENT

For and on behalf of myself, I hereby release Ruffing Montessori School, Fairmount Montessori Association, and its trustees, officers, teachers, employees, agents or representatives from any and all claims, causes of action, demands, liabilities, damages and responsibilities arising out of, relating to, or in any manner connected with any incidents, occurrences, accidents, or omissions of any and all types arising from the transportation (within or outside the State of Ohio) and/or participation in this activity, from the commencement through the termination of the activity.

_____ Date

_____ Printed Name

_____ Signature

PERSONAL INFORMATION:

Name _____
Last Name First Middle

Address _____
Street and Number City/State Zip

Home Telephone Number _____

Date of Birth: _____ Circle one: Male/Female
Month Day Year

IN THE EVENT OF AN EMERGENCY, PLEASE LIST A MINIMUM OF TWO EMERGENCY CONTACTS:

Name _____ Relationship _____

Address _____ Home Phone _____

Employer _____ Office Phone _____

Cell Phone _____ Beeper _____ Other _____

Name _____ Relationship _____

Address _____ Home Phone _____

Employer _____ Office Phone _____

Cell Phone _____ Beeper _____ Other _____

Should none of the above contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following:

Preferred Physician _____
Last Name First Telephone

Preferred Dentist _____
Last Name First Telephone

In the event of a life-threatening emergency or unavailability of preferred doctors, I authorize another licensed physician or dentist and/or the transfer of my child to the following hospital or any hospital reasonably accessible:

Preferred Hospital _____

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists, concurring the necessity for such surgery, is obtained prior to the performance of the surgery. All doctors should be alerted to the information on this form concerning my child's medical history (allergies, medications, physical impairments, etc.)

Date: _____ Signature _____

Please provide a copy of your health insurance card.

**REFUSAL OF CONSENT
I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT. IN THE EVENT OF ILLNESS OR INJURY REQUIRING TREATMENT, I WISH THE SCHOOL TO TAKE NO ACTION OR TO:**

Date Signature

MEDICAL INFORMATION

It is your sole responsibility to provide accurate medical information and updates in writing. PLEASE PROVIDE CLEAR AND LEGIBLE INFORMATION concerning the following, if applicable: Health, allergies, medication.



RUFFING SKI & SNOWBOARD CLUB
PERMISSION & EMERGENCY INFORMATION FORM 2009-2010
Required for children under the age of 18.

PERMISSION

I hereby grant permission for my child to participate in Ruffing Montessori School Ski & Snowboard Club. I understand that participation in the Club requires transportation to/from outside the State of Ohio.

I grant permission for my child to engage in all activities encountered during field trips, except as stated below:

For and on behalf of myself and the child named, I hereby release Ruffing Montessori School, Fairmount Montessori Association, and its trustees, officers, teachers, employees, agents or representatives from any and all claims, causes of action, demands, liabilities, damages and responsibilities arising out of, relating to, or in any manner connected with any incidents, occurrences, accidents, or omissions of any and all types arising from the transportation and/or participation in this extra-curricular activity, from the commencement (i.e., when the child is brought to Ruffing) through the termination of the activity.

Date

Parent/Guardian signature

EMERGENCY INFORMATION

Student _____

Last Name First Middle Grade & Teacher

Address _____

Street and Number City/State Zip

Home Telephone Number _____

Date of Birth: _____ Circle one: Male/Female

Month Day Year

PARENTS/GUARDIANS: EACH TO BE LISTED SEPARATELY.

Name _____ Relationship _____

Address _____ Home Phone _____

Employer _____ Office Phone _____

Cell Phone _____ Beeper _____ Other _____

Name _____ Relationship _____

Address _____ Home Phone _____

Employer _____ Office Phone _____

Cell Phone _____ Beeper _____ Other _____

IN THE EVENT PARENTS/GUARDIANS CANNOT BE REACHED, CHILD MAY BE RELEASED TO:

(Minimum of two contacts)

Name _____ Relationship _____ Daytime #s _____

Name _____ Relationship _____ Daytime #s _____

Name _____ Relationship _____ Daytime #s _____

Should none of the above contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following:

Preferred Physician	_____		
	Last Name	First	Telephone

Preferred Dentist	_____		
	Last Name	First	Telephone

In the event of a life-threatening emergency or unavailability of preferred doctors, I authorize another licensed physician or dentist and/or the transfer of my child to the following hospital or any hospital reasonably accessible:

Preferred Hospital _____

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists, concurring the necessity for such surgery, is obtained prior to the performance of the surgery. All doctors should be alerted to the information on this form concerning my child's medical history (allergies, medications, physical impairments, etc.)

Date: _____	Parent/Guardian _____	Signature _____
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Please provide a copy of your family's health insurance card.

REFUSAL OF CONSENT

I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING TREATMENT, I WISH THE SCHOOL TO TAKE NO ACTION OR TO:

Date _____	Parent/Guardian Signature _____
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MEDICAL INFORMATION

It is the sole responsibility of the Parent/Guardian to provide accurate medical information and updates in writing. PLEASE PROVIDE CLEAR AND LEGIBLE INFORMATION concerning the following, if applicable: Health, allergies, medication.