

# MENDHAM TOWNSHIP RECREATION

## MEMORANDUM

**TO: ALL SKI / SNOWBOARD PARTICIPANTS**

**FROM: STEVE EISENSTEIN  
RECREATION DIRECTOR**

**SUBJECT: SKI/SNOWBOARD PROGRAM**

Please find enclosed the following materials:

1. Emergency Notification form.
2. Power of Attorney form (must be notarized). \*This will be used only in the event of an emergency and a parent or emergency contact cannot be reached. Please **DO NOT** sign this form until in person with a notary.
3. Program Rules & Regulations
4. Chaperone Sign-up

**\*\*These four forms must be completed and returned prior to Thursday, January 3. For your convenience, we have a Notary at town hall available Monday – Friday from 2:00-3:00 p.m. For your convenience they will also be available on Tuesday, December 18 from 4:00 – 6:00 p.m. and Wednesday, December 19 from 7:00 – 8:30 a.m.**

5. Ski Safety Information Sheet
6. **Equipment Rentals:** To save time and money, you can rent equipment for the full season from Pelican Sports Center, 2980 Route 10, Morris Plains, NJ 07950. You can also contact them at 973-267-0964.
7. **NOTIFICATIONS:** I will be using the REMIND notification system to get messages out quickly regarding any changes, delays or cancellations. You can register any email addresses or cell phone numbers that you want to receive the notifications. Instructions on how to receive these are attached.
8. I am asking that each participant contribute \$5.00 (cash) for gratuity to the bus drivers. This comes out to be \$1 per person each week. Please send the \$5 with your paperwork. Seal it in an envelope with the participant's name written on the outside.

### **Reminders:**

- Bus will depart at 7:00 a.m. from Mendham Township Elementary School, 18 West Main Street, Brookside, NJ 07926. Please arrive no later than 6:45 a.m.
- The group will depart the ski mountain by 3:00 p.m. and will arrive back at 4:00 p.m.

**EMERGENCY NOTIFICATION FORM FOR SKI / SNOWBOARD PROGRAM**

PARTICIPANT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARTICIPANT'S CELL # \_\_\_\_\_ D/O/B \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SECOND CELL PHONE \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENTS):**

PERSON'S NAME \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_  
(i.e. asthma)

MEDICATIONS/ALLERGIES \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENT:           that we/I \_\_\_\_\_ and  
\_\_\_\_\_, parents/parent of \_\_\_\_\_ hereby

nominate, constitute and appoint John Kemp / Kimberly VanSavage, our/my true and lawful Attorney-in-Fact to consent to any medical procedures or surgical procedures required to be performed by any practitioner or medicine, hospital or other medical or paramedical person or organization as a result of injury, sickness or disability sustained by the said minor. Our/My said Attorney-in-Fact shall have the same power to execute any and all consent documents as though she/he were the parent of our/my said child. This Power of Attorney is given for a period of six (6) Sundays: January 6, 2019, January 13, 2019, January 27, 2019, February 3, 2019, February 10, 2019 and February 24, 2019. This Power shall authorize such consents as our/my said Attorney-in-fact shall deem proper and necessary even though the course of treatment authorized by our/my said Attorney-in-Fact shall extend beyond February 24, 2019.

IN WITNESS HEREOF, we/I have hereunto set our/my hands/hand this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
  
\_\_\_\_\_

Sworn to and subscribed  
Before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
NOTARY PUBLIC OF NEW JERSEY  
My commission expires on: \_\_\_\_\_

EMERGENCY NOTIFICATION FORM FOR SKI / SNOWBOARD PROGRAM

PARTICIPANT'S NAME \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SECOND CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENTS):

PERSON'S NAME \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_  
(i.e. asthma)

MEDICATIONS/ALLERGIES \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## 2019 MENDHAM SKI CLUB

### Chaperone Sign up Form

SPONSORED BY MENDHAM TOWNSHIP RECREATION

Three (3) to Six (6) Chaperones are needed for each trip! Chaperones who volunteer per trip date below will receive a complimentary lift ticket for each time you are selected to serve as a chaperone. (There is a warm toasty fireplace in the lodge for those who want to curl up with a book and catch up on some winter reading).

**Please check off the dates below that you are available:**

Sundays: 1/6\_\_\_ 1/13\_\_\_ 1/27\_\_\_ 2/3\_\_\_ 2/10\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check one of the options below:

\_\_\_\_\_ I am interested in chaperoning on the trip dates noted above for the season

\_\_\_\_\_ I would like to ski/snowboard

\_\_\_\_\_ I will remain in the lodge for the duration of the trip

**Chaperones will be contacted and dates will be confirmed for each trip.  
Thank you for volunteering your time and supporting MENDHAM SKI CLUB!**

For more information contact Steve Eisenstein, Recreation Director at

[seisenstein@mendhamtownship.org](mailto:seisenstein@mendhamtownship.org)

973-543-4555 x222

**MENDHAM SKI CLUB  
RULES**

**SPONSORED BY MENDHAM TOWNSHIP RECREATION**

1. In order to participate on a trip, all required forms must be received by the specified deadlines.
2. Participants are responsible for **RENTING ALL EQUIPMENT BEFORE THE TRIP** and making sure that it is on the bus before departure. Participants are also responsible for their own equipment including, loss or damage or theft.
3. Ski/snowboard boots may not be worn on the bus.
4. In case of emergency, parents may be asked to meet or pick up their child or parental permission may be required for emergency medical care.
5. All injuries or illnesses, no matter how slight, must be reported to the chaperones.
6. All rules and regulations of the ski areas must be obeyed.
7. No student is allowed to ski alone. Skiers must buddy-up.
8. Buses will depart at 7:00am and return at approximately 4:00pm at **Mendham Township Elementary School, 18 West Main Street, Brookside, 07926**. On the day of the trip, participants must be present to board the bus by 6:45am. Parents will need to be at Town Hall no later than 4:00pm for pickup.
9. Participants must be at the bus at the designated time for the return trip from Camelback. The bus will not wait. Skiers who miss the bus will forfeit the bus privilege for the following week.
10. Participants are expected to conduct themselves properly and respect the chaperones at all times.
11. The decisions of the chaperones regarding disciplinary matters are final. All MENDHAM SKI CLUB participants and their parents are to abide by decisions made by the chaperones. Parents will be contacted about disciplinary problems immediately.
12. Cigarette smoking is not permitted at any time and beverages are prohibited on the bus.
13. In case of cancellation due to snow, etc. you will receive notification through REMIND prior to departure. Please follow the instructions on the information sheet to sign up for notifications.
14. No refunds are given with the exception of trip cancellations for medical emergencies. A doctor's note will be required.

PARTICIPANT'S NAME \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**MENDHAM SKI CLUB**  
**Ski Safety Tips**

**SPONSORED BY MENDHAM TOWNSHIP RECREATION**

- Participants using the ALL TERRAIN Park should review the safety video link [www.NSAA.ORG/Safety-programs/smart-style](http://www.NSAA.ORG/Safety-programs/smart-style). Recommended for moderate to advanced skiers/snowboarders.
- Ski in control. Be able to stop or avoid other people or objects.
- Look at trail maps for slopes suited to your ability.
- Recognize your ability and take lessons to improve.
- Be aware of other skiers - Be courteous and considerate.
- Respect skiers on the beginner slopes and do not ski fast or jump in this area.
- Those ahead of you have the right of way. It is your responsibility to avoid them.
- Use suitable and safe equipment. Have safety bindings checked regularly and wear safety straps to avoid runaway equipment.
- When stopping on a slope, avoid blocking others paths. Move over to the side. You may not be visible from above.
- Check uphill traffic before crossing a trail or when starting out after stopping on a slope. Yield to others.
- Ski with a companion.
- Obey signs and rules of the ski area. Do not ski closed trails or undesignated areas.
- Be aware of markers set down by the Ski Patrol to indicate rocks, roots, bare spots, etc.
- Do not wear loose clothing or flowing scarves. Long hair should be tucked inside a jacket.
- Stop and eat when hungry and rest when tired.
- Respect ski classes in sessions. Do not ski through them or interrupt them.
- Follow lift line procedures posted. Do not cut into lines. If you have not been on the lifts, learn how to load, ride and unload safely.
- Do not ski over others skis.
- Ride the lifts carefully. Do not swing, jump or deface the chairs. Pull the safety bar down and place your skis on the foot rest. Keep ski poles up and carry poles by the shaft.
- Notify the ski patrol of any accidents. Report the exact location. Cross skis on the slope above the injured skier to protect them from other skiers.
- Wear non-breakable sun glasses or goggles.
- Fill in sitz marks. They are a potential danger to others.

***The Ski Patrol is there to assist, Chaperone cell #'s are provided to all students each week.***