

Free X Country Ski Lessons at Hanson Hills

Sponsored by the Grayling Recreation Authority and
Crawford AuSable School District

This program is for NEW skiers only!
5th and 6th Graders



Homeroom Teacher _____

Name: _____ e-mail: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home _____ Work _____
Name: Mother _____ Father _____
Age: _____ Sex: M or F

Sign this form and return to your homeroom teacher no later than **December 23, 2016**. Your child will attend one (1) day a week. Class will meet five (5) weeks beginning **January 10, 2017**. Lessons are Tuesdays from 3:30-5pm. Transportation to Hanson Hills will be provided by the Crawford AuSable School District. **Parents:** You are responsible for your child's ride home at 5 p.m. If school is closed due to scheduled days or ½ days off, or inclement weather, ski lessons will be extended by one (1) week. If there is a cancellation because of weather the school will be notified and your kids will be sent home as it is on their emergency card. **WE WILL NOT BE CALLING EVERY PARENT.** Weather cancellations are if actual temperatures are below 10 degrees at 11:00 am we will cancel. If wind chill is -10 degree or lower at 11:00 am we will cancel. If it is raining at 11:00 am we will cancel.

Please complete the following information as accurately as possible so we can properly fit your children's ski equipment.

Height: _____ ft. _____ in. Weight: _____ Shoe size: _____
(Shop use) Din: _____

Students do not forget to wear Ski Gloves! Dress in warm jackets, hats, pants, long socks!

For Adults- Yes! I would like to volunteer to help with the Free Ski Program.

Name _____ Phone _____

****Please Note. Helpers need not ski or know how.***

Parental Permission

I agree to hold harmless, indemnify, and pay any attorney fees of the GRA and the State of Michigan, its servants, agents, and employees form any claims or demands that I may have or whatever kind and nature arising out of activities at or use of the premises controlled by GRA. In the case of emergency, I give my permission to place my child in the care of a qualified doctor or nurse.

Signature

Date

For more information contact Wendy Kelso at Hanson Hills 348-9266

www.hansonhills.org