

**SNOW SKIING/BOARDING  
PARTICIPANT ENROLLMENT FORM**

Mission Unit \_\_\_\_ NM20 \_\_\_\_

**Medical Coverage**

Each person attending a Young Life downhill snow skiing/boarding activity, whether a youth or an adult volunteer, is required to have health coverage during the activity. Select one of the three following options by placing an "X" before the option you elect.

**Option No. 1.** I decline Young Life accident coverage because I represent and warrant to Young Life that I will have personal health care coverage during the activity. Furthermore, I will be responsible for any injury I may sustain during this activity. I will defend, indemnify and hold Young Life, including its trustees, employees and volunteers, harmless for any injury I may sustain, including my death. **Young Life strongly recommends that helmets be worn by all participants.**

**Option No. 2.** I wish to purchase supplemental accident coverage through Young Life and promise to pay \$5.00 per activity day. I understand this supplemental coverage is secondary to my personal or group health care coverage, which I represent and warrant to Young Life, will be in force during the activity. **Participants will be required to wear a helmet.**

**Option No. 3.** I wish to purchase accident coverage through Young Life for a maximum benefit of \$4,000, and promise to pay \$15.00 per activity day. I represent and warrant to Young Life that I do not have any personal or group health care coverage. **Participants will be required to wear a helmet.**

You must select one of the above options. Each participant must be covered for accidents through Young Life or by his or her personal or group health care plan.

Signature of parent or guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_  
Please complete the following:

- Participant: \_\_\_\_\_  
Downhill Snow Skiing    Snowboarding (circle one)
- Location of snow sports activity: \_\_\_\_\_
- Date(s) of snow sports activity: \_\_\_\_\_ No. of days: \_\_\_\_\_
- Name of your parent's or your insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group: \_\_\_\_\_

**I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH SNOW SKIING/BOARDING. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH, ILLNESS, LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.**

Initials of parent, guardian or adult camper/staff \_\_\_\_\_

Choose One

**Medical Information Release**

If my child, or I as an adult participant, become(s) injured or ill during the activity, including traveling with a Young Life group, to and from the activity, I hereby authorize Young Life to secure, at my expense, medical treatment, including surgery, for my child or me if I should be unconscious.

I hereby authorize all health care providers to release all medical information regarding my child or me, if I am an adult participant, to my personal or group insurance company and to Young Life. I hereby certify under penalty of perjury that the above and foregoing is true and correct.

**Allergies**

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Ivy Poisoning, etc.
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Other Drugs
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Chronic or recurring illness or medical condition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

I hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, video-tapes and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Young Life.

(signature) \_\_\_\_\_

Keep copy for trip file, copy to Young life area and copy to parent/individual. YL-1732 (Oct. 06) Printed in U.S.A.

Sign

Sign

Sign

Sign

# Young Life Weekend Camp



## Wolf Weekend 09



### Dec 4-6 Snow Wolf Lodge & Wolf Creek (Near Pagosa Springs)

**Young Life Los Alamos  
PO Box 505  
Los Alamos, NM 87544  
Phone: 505-662-2667  
Mobile: 505-660-7432  
Email:  
yllosalamos@gmail.com**



## The Details:

What to bring:

Sleeping bag & Pillow

Towel & Toiletries (toothbrush, shampoo, deodorant, etc.)

Clothes & Snow clothes

Snow equipment (boots, board, skis, & **helmet** if ya got it)

Money for snacks (to and from wknd)

What **not** to bring: Tobacco, (unless over 18), Alcohol, Drugs, Weapons, (*These are one way ticket home items*),

You may bring IPOD or MP3 player—but these are to be left in cars once at Snow Wolf Lodge.

**Make sure you have filled out both the signup and Snowskiing/boarding Participant Enrollment Form (reverse side or download at [atomi-cyl.younglife.org](http://atomi-cyl.younglife.org)). **Please also copy your insurance card. Get these forms back to us by November 24th.****

### Saturday's Events:

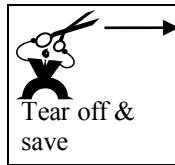
We will head to Wolf Creek at 8 AM and be back at the lodge by 6 PM. You need to either bring your own equipment, or money to rent with. We will have a sack lunch at Base Camp at noon.

The \$144 includes transportation, housing, meals & lift ticket, plus all the fun on the weekend! You can eat before you get in the vans on Friday, or bring some cash for our stop in Chama.

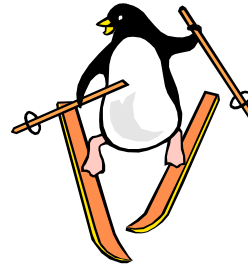
**Leave Time:** 3:30 PM Friday - Sullivan Field Parking Lot.

**Return Time:** Around 4 PM Sunday

Snow Wolf Lodge  
PO Box 3787  
1099 Blue Creek Rd  
Pagosa Springs, CO 81147  
Phone: (970)264-1949  
[www.snowwolfodge.com](http://www.snowwolfodge.com)



**Young Life's  
Wolf Weekend  
Dec 4-6  
\$144- includes Lift ticket**



Come have a great weekend with your friends. Enjoy the "most snow in Colorado" at Wolf Creek! This will be a sweet weekend! Hope you can join us!

**Sign up today!!**

Young Life Camp Sign-up

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone & Cell Phone \_\_\_\_\_

Parents Signature \_\_\_\_\_

Cost: \$99 + \$45(Lift ticket)= \$144

- Non refundable deposit \$20  
 Paid in full \$144

*Make checks payable to Young Life.*

- snowboarding  
 skiing  
 Need rental, additional cost.  
 Snowboard & boots \$26  
 Skis, Poles, & boots \$12

Call any leader for more details:  
Ryan 660-7432, Brandon 490-1445,  
Sondra 670-4418, Lorri 662-7667

Young Life Los Alamos  
PO Box 505  
Los Alamos, NM 87544  
Phone: 505-662-2667  
Mobile: 505-660-7432  
Email: [yllosalamos@gmail.com](mailto:yllosalamos@gmail.com)