

# CHAPERONE REGISTRATION/MEDICAL FORM

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

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

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

DATES AVAILABLE:	REQUESTED METHOD OF TRANSPORTATION:		Volunteer at Eliot 2:30-3:00pm (Y/N)	Will you be skiing? (Y/N)	Do you need rentals? (Y/N)**
	BUS	CAR			
1/3					
1/10					
1/24					
1/31					
2/7***					
2/14***					

**\*If you are skiing/snowboarding complete Medical Information below.**

**\*\*If you will be renting equipment complete Equipment Rental Card.**

**\*\*\*Make-up dates**

1. Do you have any Medical Training?  YES  NO If so, describe: \_\_\_\_\_

1. Would you be willing to go to the hospital (in an emergency)?  YES  NO

**MEDICAL INFORMATION: ONLY REQUIRED FOR CHAPERONES THAT ARE SKIING/SNOWBOARDING**

DATE OF BIRTH: \_\_\_\_\_

I hereby authorize Friends of Eliot Ski Club chaperones to act on my behalf and obtain emergency medical attention for me in case of injury. My insurance information is listed below:

Insurance Carrier: \_\_\_\_\_

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

Subscriber Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Do you have allergies?  YES  NO If yes, please explain: \_\_\_\_\_

Are there special health problems you wish the staff and chaperones to know?

I understand that Jared Eliot Middle School and its representatives are not financially responsible for any expenses incurred for medical treatment in the event of an injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_