



2012 Bear Valley Ski Trip

SPECIAL EVENT REGISTRATION & RELEASE FORM

March 2nd through March 4th
 Registration Deadline: February 17th

Name of Burn Survivor: _____ Date of Birth/ Age: _____/____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

_____ Height _____ Weight _____ Shoe Size _____

Please circle:

Ski **OR** Snowboard **AND** Bring own equipment **OR** Rent equipment

In case of an emergency please notify:

NAME	TELEPHONE	RELATIONSHIP

Medical Insurance (for use only in an emergency)

Company: _____ Policy #: _____ Group #: _____

1. Is this your first AARBF special event?
 Yes No If not, list some of events you've attended: _____

2. Will you take any type of medication during this event?
 Yes No If yes, please detail the medication name, frequency and amount taken.
 1) _____
 2) _____
 3) _____

3. Do you require assistance with daily living tasks (eating, dressing), or have food restrictions?
 Yes No If yes, please detail and we will provide assistance to the best of our capacity. We may not be able to accommodate all medical needs. _____

4. Would you like to request cold weather clothing (gloves, snow pants, and beanies) to be provided for you? If so, please indicate the item and your size.

PARTICIPANT AND GUARDIAN CONTRACT

- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, weapons or firearms will not be tolerated, and may result in my child's dismissal and/or prosecution. I am responsible for transportation from the event should my child be dismissed.
- In accordance with California Law, if my child is under the age of 8, I will provide an appropriate booster seat for safe transportation. I understand that the booster seat will be returned to me after the trip.
- While participating in this event, my child is expected to follow the directions of those assigned to his/her supervision.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my child's participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for my child's care in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary, and is supplemental to my own health insurance.
- I understand that my cooperation and consideration of pick-up and drop-off times is required for my child to attend the Ski trip and future AARBF events.

Participant Signature

Date

Parent or Guardian Signature

Date

PHOTOGRAPH/VIDEO RELEASE

The Alisa Ann Ruch Burn Foundation needs your help to provide burn prevention education and burn survivor assistance. You can help the AARBF to increase support for its valuable survivor programs like the ski trip, by allowing us to use your child's photos for our website and publications. To do this, we need your authorization. Please check the box next to the appropriate answer and sign below.

- Yes, I authorize the Alisa Ann Ruch Burn Foundation to use photograph and video for publication. I understand that my child's last name, the cause of my child's burns, and other sensitive personal information will not be revealed without my specific consent.
- No, I do not want my child to be photographed or video taped in any way.

Parent or Guardian Signature

Date

MAIL OR FAX THIS FORM BACK TO

**Carolyn Falkenberg
Alisa Ann Ruch Burn Foundation
2601 Mission Street, Suite 401
San Francisco, CA 94110
Phone: 800-755-2876
Fax: 415-495-7224**