

**Woods Valley Wolf and Pup Pack**  
**Kids Ski and Snowboard Program - 2023 Season**

Woods Valley Ski Area  
PO BOX 250  
9100 Route 46  
Westernville, NY 13486

Completed forms should be mailed to the above address. You will be asked to fill out a liability release prior to the start of the program.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

4-year-olds must be 4 on or before December 1, 2022 \*Proof of Age Required\*

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Allergies or Medical Conditions: \_\_\_\_\_

Is there anything medically we should know about? Please be specific.

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

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (other than parents):

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## Lesson Dates:

The programs meet on 6 Saturdays or Sundays beginning in January ending in March. Both programs include: Lessons, games on snow and a fun race.

Program Dates are as Follows for 2023:

**Saturday:** January: 7<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> February: 4<sup>th</sup>, 11<sup>th</sup> March 4<sup>th</sup>

**Sunday:** January: 8<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup> February: 5<sup>th</sup>, 12<sup>th</sup> March 5<sup>th</sup>

**\*\*\*\*Note the program does not run-on Martin Luther King weekend (January 14-16) and February Break (Feb. 18-Feb. 26).**

**NEW \*\*\*\*Wolf Pups\*\*\*\***

## **Ages 4-6 year old**

**Check skiing or snowboarding and the day you are interested in:**

**Skiing**\_\_\_\_\_ **Snowboarding**\_\_\_\_\_

**Saturday 9:30-11am**\_\_\_\_\_

**Sunday 9:30-11am**\_\_\_\_\_

Space is limited for each day.

# WOLF PACK

## AGES 7-12 YEARS OLD

Check skiing or snowboarding and the session you are interested in:

Skiing_____	Snowboarding_____
Saturday	11:30-1:30_____ 2:00-4:00_____
Sunday	11:30-1:30_____ 2:00-4:00_____

Space is limited for each time slot.

On the first day of the program, we will assess skiing and snowboarding to determine group placement.

Groups are split by age, ability, and independence on the mountain. We reserve the right to combine groups and ages when needed. Regular attendance is recommended for the best results.

### Skier or Snowboard Ability

1. \_\_\_\_\_ Beginner (never skied or snowboarded before)
2. \_\_\_\_\_ Has skied or snowboarded a few times but has not mastered stopping.
3. \_\_\_\_\_ Snowplows or side slip stops and turns, rides a chairlift on beginner terrain.
4. \_\_\_\_\_ Stops and turns on intermediate terrain. Rides chairlift independently.
5. \_\_\_\_\_ Starting to match skis or linking turns on intermediate terrain

\*\*\*\*There are no make-ups for missed lessons\*\*\*\*

Costs – for 2023:

- 6 Wolf Pack or Wolf Pup Lessons \$350
- Ski Equipment including helmet- \$120
- Snowboard including helmet- \$160

Amount Charged: \_\_\_\_\_ \$

Card #: \_\_\_\_\_

Expire: \_\_\_\_\_ CVV#: \_\_\_\_\_

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

Cardholder Signature: \_\_\_\_\_

FOR Woods Valley Snowsports USE ONLY

Amount Paid: \_\_\_\_\_ \$ Method: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Accepted By: \_\_\_\_\_

## AUTHORIZATION FOR THIRD PARTY (To consent to treatment of minor lacking capacity to consent)

I/we, the undersigned, parent(s)/person having legal custody of/legal guardian of \_\_\_\_\_ a minor, do hereby authorize Woods Valley Ski Area, as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment deem advisable.

I/we hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to my/our above-named agent(s) upon completion of treatment.

These authorizations shall remain effective until April 30, 2022 unless sooner revoked in writing and delivered to said agent(s).

Signature of parent(s)/legal guardian(s)/person(s) having legal custody

\_\_\_\_\_ Date

\_\_\_\_\_ Date

If signed by other than parent, please indicate relationship. \_\_\_\_\_

# Woods Valley Ski Area Children's Program

WINTER SPORTS ACTIVITIES RELEASE OF LIABILITY AND INDEMNITY AGREEMENT I, \_\_\_\_\_, or my child (collectively referred to as "I" or "my") have voluntarily applied to participate in winter sports activities and/or other recreational activities, including skiing, snowboarding, all other snow sports, racing, special events, instruction, and all activities. I understand that my participation in the activities poses risks of INJURY and DEATH to me and/or my property. These risks include, but are not limited to, variations in terrain and variable snow conditions, use of ski runs, use of rental equipment, loss of control, encounters or collisions with trees, rocks, fences, racing gates, finish posts, timing equipment, terrain features (natural or man-made), other participants in the activities and/or spectators, snowmaking or snow grooming equipment and their components, snowmobiles and other vehicles, all manmade or natural obstacles (padded or not) whether they are obvious or not, as well as use of terrain parks, halfpipes, rails, and their features. These obstacles and other risks also include, but are not limited to, bare spots, bumps, moguls, ice, terrain park features, stumps, forest growth and debris, rocks, subsurface conditions, erosion control devices, and other slope hazards and obstacles. Despite the risks involved, and in consideration of the right to participate in the activities, I VOLUNTARILY AGREE TO EXPRESSLY ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with participation in the activities or any use of the facilities at WOODS VALLEY SKI AREA, including, but not limited to, chairlifts, surface lifts, or other mountain transportation, and participating in the activities beyond the ski area boundary (collectively referred to as "use of the facilities").

I further understand that I may encounter various manmade and natural terrain features during participation in the activities or use of the facilities. I further understand that using terrain features may result in my body becoming inverted (either deliberately or involuntarily) and that inverted maneuvers may result in injury or death. I understand that I must inspect the elements and terrain before I ski or ride over them to evaluate the risks and degree of difficulty before participating. I understand that throughout the day snow conditions and terrain features will change. I also agree that I will use a retention device at all times, while skiing or riding at the ski area.

# Woods Valley Ski Area Children's Program

In consideration for being permitted to participate in the activities, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NEVER TO SUE Woods Valley Ski Area for injury or death resulting from my participation in the activities or use of the facilities, regardless of the cause, to the fullest extent allowed by law, including the alleged NEGLIGENCE of Woods Valley Ski Area. I further agree to defend, indemnify, and hold harmless Woods Valley Ski Area for any claims, lawsuits, damages, attorney fees, costs or judgments arising out of my participation in the activities or use of the facilities.

I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, which includes any time I choose to participate in the activities or use the facilities at Woods Valley Ski Area. I understand that this RELEASE OF LIABILITY will prevent me, my child, or my heirs from filing suit or making any claim for damages in the event of injury or death from my participation in the activities. Additionally, in the event I file or my child or my legal representative files a claim or a lawsuit arising out of participation in the activities or the use of the facilities at Woods Valley Ski Area I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Woods Valley Ski Area for any damages, attorney's fees or costs arising out of such a claim or a lawsuit. With a full understanding of this agreement, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my child, my heirs, assigns and legal representatives.

I hereby authorize the use and reproduction of my image and/or likeness by Woods Valley Ski Area and its authorized representatives, without compensation or restriction, and that any images or video will remain the exclusive property of Woods Valley Ski Area. If I am a PHOTOGRAPHER, I understand that images I take at Woods Valley Ski Area may be used by Woods Valley Ski Area at any time. I understand and agree that this agreement is severable and that if any clause is found to be invalid, the balance of the contract will remain in effect and will be valid and enforceable. I agree that any action will be brought in the County of Oneida, State of New York, or alternatively, in a court of competent jurisdiction in the State of New York. Any disputes will be subject to and determined under the laws of the State of New York.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Prospective applicants under the age of 18 years are required to have a parent or legal guardian read and also sign, verifying that both parent/guardian and applicant have read and/or understand the terms of this agreement and will be bound by its terms.

Print Name of Parent/Legal Guardian \_\_\_\_\_

Relation \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

THIS IS A RELEASE OF LIABILITY DO NOT SIGN IT IF YOU DO NOT AGREE TO BE BOUND BY ITS TERMS