EXHIBIT A

MIRAMAR SKI CLUB

MINOR PARTICIPATION & CONSENT FORM

I am the parent or legal guardian of the minor child(ren) identified on the attached information sheet. I authorize my child(ren) to participate in the Miramar Ski Club trip identified on that sheet (the "Trip"), including participation in Club Activities and use of Club Services associated with the Trip.

I acknowledge that I have read and agree on behalf of myself and the minor(s) to the Miramar Liability Release & Waiver, Family Trip Policy, and Code of Conduct identified below, which are incorporated into this form by reference.

PARENT/GUARDIAN RESPONSIBILITY

I understand that Miramar Ski Club does not provide childcare and that I remain ultimately responsible for the supervision and care of the minor(s) while accompanying them on the Trip, including obtaining medical care and arranging transportation when needed. If I am not participating in the Trip, I authorize the Designated Guardian identified on the attached information sheet to assume responsibility for supervising and caring for the minor(s) during the Trip, while I retain ultimate parental responsibility.

EMERGENCY CARE & ASSISTANCE

If I or, if applicable, the Designated Guardian is injured, ill, incapacitated, unavailable, or otherwise unable to care for the minor(s):

- I authorize Miramar Ski Club volunteers to take reasonable temporary actions to protect and care for the minor(s). These actions may include temporary supervision, food, and shelter; contacting emergency services; and arranging or providing transportation when reasonably necessary;
- I authorize the Club to contact the Emergency Contact identified on the Trip registration and, if necessary, release the minor(s) into that person's care; and
- If a minor is injured or becomes ill, I authorize Club volunteers to provide or arrange basic first aid or other appropriate emergency assistance and to share relevant medical information provided on the attached information sheet with emergency responders. If necessary, I also authorize the Club to arrange emergency medical evaluations and treatment by qualified healthcare professionals.

I understand that the Club's role in these circumstances is temporary and limited. Club volunteers will use reasonable judgment based on the circumstances until I or the Designated Guardian can resume responsibility or other appropriate arrangements can be made for the care of the minor(s).

PARENT/LEGAL GUARDIAN CERTIFICATION

By signing below, I certify that I am a parent or legal guardian of the minor(s) identified on the attached information sheet; that the information provided is accurate; that I authorize their participation in the Trip; and that I have read, understand, and agree to this form and the documents incorporated by reference. I agree to notify the trip leader promptly of any material changes to the information provided before or during the Trip.

If I am not participating in the Trip, I authorize the Designated Guardian identified on the attached information sheet to supervise and care for the minor(s) during the Trip and to exercise the authority granted under this form.

Parent/Legal Guardian Name: _____

Signature: _____

Date: _____ Cell Phone: _____

DESIGNATED GUARDIAN ACKNOWLEDGMENT

Required only if the parent/legal guardian will not accompany the minor(s).

By signing below, I accept my designation as the Designated Guardian for the minor(s) identified on the attached information sheet and agree to assume responsibility for their supervision and care during the Trip in accordance with this form, the Family Trip Policy, and the Code of Conduct.

Designated Guardian Name: _____

Signature: _____

Date: _____ Cell Phone: _____

INCORPORATED DOCUMENTS

Miramar Liability Release & Waiver

Miramar Family Trip Policy

Miramar Code of Conduct

TRIP & PARTICIPANT INFORMATION

Complete this sheet for the Trip and up to three participating minors. Provide medical information only if you wish; it may help the Club and emergency responders in an emergency. Identify the minor to whom each entry applies.

TRIP INFORMATION

Trip Name: _____

Trip Date(s): _____

MINOR(S) PARTICIPATING

#	Full name	Date of birth
1		
2		
3		

DESIGNATED GUARDIAN

Complete only if the parent/legal guardian will not accompany the minor(s).

I designate the adult identified below as the Designated Guardian to accompany the minor(s) on the Trip.

Name: _____ Relationship to minor(s): _____

Cell Phone: _____

OPTIONAL MINOR MEDICAL INFORMATION

Minor 1 — Name: _____

Allergies: _____

Medications: _____

Medical conditions / other important information: _____

_____

Minor 2 — Name: _____

Allergies: _____

Medications: _____

Medical conditions / other important information: _____

_____

Minor 3 — Name: _____

Allergies: _____

Medications: _____

Medical conditions / other important information: _____

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