



Application Instructions for DCF Winter Programs 2018-2019

****Every family must fill out an application to participate in ski programs during winter 2018-2019****

This application is also available to fill out online, if you would like. Go to url here:
dougcoombsfoundation.skiclubpro.com

See reverse for tips on successfully completing the online application.

If your children have participated in Doug Coombs Foundation programs in the past, they will be automatically accepted into the program upon completion of the application.

If you are applying for more than one child, you may fill out multiple first pages of the application, and staple them together.

NEW THIS YEAR: This year, we are offering after school ski lessons at Snow King rather than Saturday only. Please indicate which after school day works best for your family. If you choose to take ski lessons after school, your child will be able to leave his/her skis and gear at Snow King and ride the bus straight from school to Snow King for lessons.

Please fill out the parent information and financial information completely to the best of your ability. Note that if you qualify for the Free/Reduced Lunch Program in the school district, you do not have to provide additional financial information.

Please turn in your application to the Doug Coombs Foundation in the drop box outside the office (grey box beside front door) at 335 S Millward Street (one block south of the Brew Pub and Marriott Hotel). Once you have turned in your application and received confirmation from us, you may pick up your skis at Snow King anytime during business hours (9am - 5pm, Monday through Saturday), or drop by during one of the evening registration events:

November 7, 5-7:30pm

December 3, 5-7:30pm

If you have any questions regarding the application or process this year, please call or text Maggie at 423-933-7894.

Participant Information

Child's Full Name _____

DOB: _____ Grade in School: _____ Teacher's Name: _____

Phone: _____ Facebook: _____

Has your child participated in DCF programs before? Y / N

If yes, circle all that apply: Skiing Soccer Hiking Rock Climbing Other

How many times has your child skied? 10+ times 10 times or less Never

Any after school programs? _____

Any after school sports? _____

Special Needs? _____

Program Preferences:

I want to Ski Snowboard (Saturdays or Wednesdays only)

Snow King Ski School - All Programs are \$150 for one child, with discounted rates for additional children – rental skis and boots included

I would like to ski on – choose up to two:

Saturday Sunday Tuesday Wednesday Thursday

I would like to Snowboard on - choose one:

Saturday Wednesday

**Please note if your child wants to ski after school, s/he may leave their skis at Snow King and ride the bus directly to Snow King for the class.

Jackson Hole Ski Club - You must ski at a Level 4 or above to qualify for Ski Club. Someone from Coombs should have reached out to you if your child is eligible. If you are not sure, select an option below, but also select an option at **Snow King Ski School** above.

Next Generation Skiers - \$150 for one child, discounted rates for additional children

2-Day Race Team - \$200 for one child, discounted rates for additional children

Freeride Program (Shredders) - \$200 for one child, discounted rates for additional children

Parent Information

Primary Contact: Mother Father Both Other _____

Children live with: Mother Father Both Other _____

Best way to contact: **Facebook** **Text Message** **Phone/Voicemail** **Email**

Mother's Name: _____ Phone: _____

Email: _____

Facebook Name: _____

Speaks English? Fluent Well Basic None

Father's Name: _____ Phone: _____

Email: _____

Facebook Name: _____

Speaks English? Fluent Well Basic None

Child's Primary Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Relationship to child: _____

People Authorized to Pick-up Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Financial Information

Does your child qualify for the free or reduced lunch program? Yes No I don't know

If no or I don't know, please complete the following questions and attach your two most recent pay stubs:

Monthly Household Income

Number of people in household:

Total monthly income for household:

Employer: _____ Monthly Wages _____

Employer: _____ Monthly Wages: _____

Employer: _____ Monthly Wages: _____

Other Income:

Balance in Checking/Savings: _____ Bank Name: _____

Monthly Household Expenses

Monthly Rent: _____ Utilities: _____ Phone: _____ Food: _____

Transportation/Gas: _____ Car Payments: _____ Cable: _____ Childcare _____

Other (please specify): _____

Anything else about your finances that you would like us to know?

How long have you lived in Teton County, Wyoming? _____

Who referred you to this program? Teacher CLIMB WY Teton Literacy Center Friend

TYFS One22 Community Safety Network

Other (please specify) _____

Is there anything else about your family or personal situation you feel we should know?

Please pay tuition for the program when you enroll with DCF

Costs for Snow King Programs

One child: \$150

Two children: \$225

Three children: \$275

Each additional child: +\$25

Costs for Ski Club Programs

One child: \$200

Two children: \$300

Three children: \$375

Each additional child: +\$50

Tuition can be paid monthly over the winter. If cost is an issue, please let DCF staff know, and we will work with you to determine appropriate tuition.

Contract of Commitment

These programs cost the Doug Coombs Foundation up to \$1,000 per child. If you sign up, it's important that your children show up to their lessons. This includes the responsibility of transportation either to Snow King or Teton Village. If you have trouble with transportation, talk to a DCF staff member, and we are happy to work with you ahead of time. **We ask that you have no more than one unexcused absence per season, and three overall absences.**

By signing here, you acknowledge that there is limited space available in this program, and if you are not committed you are taking the spot of someone else in need.

Signature: _____ Date: _____

DOUG COOMBS FOUNDATION

ATHLETIC WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

There are certain inherent risks associated with participating in sports and/or athletic training that cannot be eliminated. These risks include, but are certainly not limited to: (1) minor injuries such as scratches, cuts, bruises and strains; and (2) major injuries such as injuries to the eyes, loss of sight, joint injuries, back injuries, heart attacks, concussions, paralysis and even death. Also included in these risks are the same or similar injuries that might result from using training equipment, actual use of a field or training facilities, the acts of others or from the unavailability of emergency staff or emergency medical care (hereinafter we shall define all of these risks and potential injuries as "Risks"). All of these Risks will be present in the activities that you and/or your minor will be participating in/with the Doug Coombs Foundation program (the "Activities"). **HAVING READ THIS PARAGRAPH** and having an appreciation for and an **UNDERSTANDING OF THESE RISKS**, you hereby affirm that you and/or your minor's participation in these Activities is voluntary and that you agree on behalf of yourself or your minor to all of the following:

1. **ASSUMPTION OF RISK** I, on behalf of myself and/or my minor, **ASSUME ALL OF THE RISKS THAT MAY OR CAN ARISE OUT OF PARTICIPATING IN THE ACTIVITIES, INCLUDING BUT NOT LIMITED TO THE ATHLETIC ACTIVITY ITSELF, USE OF THE EQUIPMENT, FIELD OR FACILITIES, THE ACTS OF OTHERS OR THE UNAVAILABILITY OF EMERGENCY CARE**, as well as those Risks described in the preceding paragraph.
2. **INDEMNITY/HOLD HARMLESS** I, on behalf of myself and/or my minor and/or our heirs, personal representatives and/or assigns, also agree to indemnify and hold Doug Coombs Foundation as well as their affiliates, parents, subsidiaries, assigns, partners, attorneys, members, employees, independent contractors, shareholders, officers, directors, and agents harmless from any and all claims, causes of actions, lawsuits. Arbitrations or proceedings as well as from any expenses, judgments, costs, fees, damages, expenses and/or liabilities, including attorneys' fees incurred in defending or prosecuting any such claims brought against DCF as the result of my or my minor's participation in the activities.
3. **RELEASE/WAIVER** In consideration for being permitted to participate in the activities, I on behalf of myself and/or my minor and/or heirs, personal representatives and assigns **HEREBY RELEASE, WAIVE AND DISCHARGE**, Doug Coombs Foundation from any and all liability associated with or related to my or my minor's participation in the Activities and agree **NOT TO SUE** Doug Coombs Foundation for any reason resulting from or associated with my or my minor's participation in the Activities. This waiver and release is intended to include all claims for injuries, accidents, illnesses or proper loss, whether known or unknown or anticipated or unanticipated, which are in any way related to or associated with the activities.
4. **NO INSURANCE** I, on behalf of myself and/or my minor, acknowledge that Doug Coombs Foundation does not carry insurance on behalf of myself or my minor.
5. **Initials** _____
6. **LEGAL RIGHTS** I, on behalf of myself and/or my minor, acknowledge that I/we are surrendering valuable legal rights in this agreement.
7. **SEVERABILITY** I, on behalf of myself and/or my minor, understand and expressly agree that this agreement is intended to be as broad and inclusive as permitted by the law of the State for which it is used and that if any portion of this agreement is held invalid, it is agreed that the balance of the agreement shall continue in full force and effect and that whatever portion is held invalid shall be interpreted and construed to afford as much protection to Doug Coombs Foundation as permitted by the applicable law.

Name of Participant _____ Date _____

Participant Signature _____

Signature of Parent/Guardian of Minor _____