



## CHAPERONE/YESkid PARENT INFORMATION

412 Massachusetts Avenue  
Boston, MA 02118

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Home Address Group Name or Agency

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Mobile Phone Work Phone

\_\_\_\_\_  
Email Address Date of Birth Race

\_\_\_\_\_  
Emergency Contact Name Emergency Contact Number

**HEALTH INSURANCE:**  I choose to participate without health insurance.

\_\_\_\_\_  
Policy Name Policy Number

### **CHAPERONE DUTIES**

You are here to ensure the youth have a great time! Please initial each box below.

- 1. I will attend the scheduled orientation/fitting with youth.
- 2. I will Chaperone youth at all times. I understand that as a chaperone is my duty to make sure the youth are respectful to all YES staff, volunteers, and other youth.
- 3. I will participate in **all** activities with kids.
- 4. I will wear my helmet at all times on the slopes and ensure youth wear their helmets at all times.
- 5. I understand as a chaperone I will be placed where I am needed and I am not guaranteed to be in a ski/snowboard lesson with my Son/Daughter.
- 6. I understand smoking is not allowed in the YES building, in the vehicles, or on the trip.

In signing this document, I agree that I will not bring suit against Youth Enrichment Services including any of its officers, employees or agents in the ski area, or the sponsoring agency, for property damage or personal injury incurred by myself in the Youth Enrichment Services. I also authorize Youth Enrichment Services to take and use photos, slides, and recordings of me while I participate

In the event of sudden serious injury or illness while participating in Youth Enrichment Services, I express my consent for the administration of emergency medical care, including anesthesia, if such action is desirable in the opinion of the attending medical personnel or ski patrol. I shall be responsible for all medical fees and other charges. I understand that the leaders will make a responsible effort to contact my emergency contact, should a sudden injury or illness occur.

In signing this document, I certify that I am covered by health and accident insurance or Medicaid and that I am obligated to provide Youth Enrichment Services with the name and the carrier and policy number, or that I have chosen to participate without insurance. I understand that I shall be responsible for all medical fees and related charges whether I am insured or uninsured.

**Chaperone Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_