

Mayfield Village Parks & Recreation Dept. offer....

# 2017 Ski Trips

For 6<sup>th</sup> – 12<sup>th</sup> graders, families and adults

- Trips are a cooperative effort by Mayfield Village Recreation Dept. and surrounding communities.
- Charter bus will leave Mayfield High School main parking lot behind the old Mayfield Regional Library at 6:00 a.m. and returns at 8:00 p.m. (approximate times).
- To avoid lost or stolen items, participants should mark equipment
- Helmets are **required** for anyone using the Terrain Park & recommended for all slopes
- For more information or questions call: Mayfield Village Rec. at (440) 461-5163

**Please register early.  
Waiting may result in  
a cancelled trip or  
full bus.  
Thank you!**

## Monday, January 16 (MLK Day)

Holiday Valley	By Dec. 16	After Dec. 16
Lift ticket/lesson	\$90	\$100
Lift ticket/rental/lesson	\$100	\$110
Helmet Fee	\$6	\$6

**Notes:** Last day for refund is January 9 and there is a \$15 processing fee.  
Lesson is optional but there is no reduction in fee if not taking.



## Monday, February 20 (President's Day)

Holimont	By Jan. 30	After Jan. 30
Lift Ticket Only	\$105	\$115
Lift Ticket and Rentals	\$135	\$145

**Notes:** Helmets are **REQUIRED** for all those using the Terrain Park. Helmets are Highly Encouraged for all slopes. The fee for a helmet is \$10 and must be paid at Holimont.

Last day for a refund is January 30 and there is a \$15 processing fee.

**Registration Information:**

1. Over the phone: Mastercard/Visa/Discover: 440.461.5163
2. Via fax: 440.461.2231
3. In person/via mail: Mayfield Village Civic Center, 6622 Wilson Mills Road, Mayfield Village, Ohio, 44143.  
Checks payable to Mayfield Village or fill out credit card info.



**REGISTRATION INFORMATION ON BACK MUST BE COMPLETED**

# 2017 SKI TRIPS

Check Which Trip(s): \_\_\_ Holiday Valley (Jan. 16) \_\_\_ Holimont (Feb. 20)

## Participant #1

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
(Street address) (City) (Zip)

Email Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

(Name/Relationship) (Phone)

**Package Needed (write item & amount)** \_\_\_\_\_

## Participant #2 (do not fill out phone numbers, address and emergency info if same as above)

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
(Street address) (City) (Zip)

Emergency Contact \_\_\_\_\_

(Name/Relationship)

(Phone)

**Package Needed (write item & amount)** \_\_\_\_\_

**Total: \$** \_\_\_\_\_

If paying by credit card:

Mastercard/Visa/Discover # \_\_\_\_\_ Exp. \_\_\_\_\_ \*code \_\_\_\_\_

\*last 3 #'s on back by signature

In the event of any injury, I hereby give my permission and consent and authorize emergency first aid/or hospital care or treatment for myself or my minor child(ren) listed above if deemed necessary by qualified medical or emergency personnel, or by said employees, agents, or representatives of Mayfield Village, including but not limited to the Parks and Recreation Department and Mayfield City School District/Bd. of Education and further agree to assume all expense for said treatment.

\_\_\_\_\_  
Signature (of Parent or Guardian for minor)

\_\_\_\_\_  
Date

(OR)

I do not give consent for emergency medical treatment of myself or my child(ren) listed above in the event of illness or injury requiring emergency treatment. I wish authorities to take action or (specify) \_\_\_\_\_

\_\_\_\_\_  
Signature (of Parent or Guardian or minor)

\_\_\_\_\_  
Date