

MINOR-MEDICAL/Consent Form

Minor's Name _____

Address _____

City _____

State _____ Zip _____

Phone-Home _____ Work _____

I understand that Tours - New England Action Sports Inc., and all ski shops promoting these trips are not responsible for any injuries to persons or damage to property or broken equipment sustained on trips. The above mentioned companies act only to provide services and have no direct control over the various aspects of the trip such as motorcoach or ski area operations. I give my permission for medical care as prescribed by a physician in case of an emergency if I cannot be contacted.

SIGNATURE OF PARENT OR GUARDIAN

_____ DATE _____

MEDICAL INSURANCE CO.

_____ POLICY # _____

Anything else we should know?

PLEASE MAKE TWO COPIES AND BRING/SEND ONE TO NEAS. A COPY OF THIS FORM MUST BE WITH THE MINOR SKIER AT ALL TIMES.

THIS FORM IS GOOD FOR THE ENTIRE SKI SEASON

KEEP YOUR COPY IN THE POCKET OF YOUR JACKET (IN A PLASTIC BAG) WHILE SKIING OR SNOWBOARDING ON ALL TRIPS WHEN A PARENT OR LEGAL GUARDIAN IS NOT WITH YOU!