



**BHS Special Olympics Club**  
**2020 Special Olympics PA (SOPA) Winter Games Volunteer Packet**



Dear Student & Parent/Guardian,

Thank you for your interest in volunteering for the 2020 Special Olympics Winter Games at Seven Springs Ski Resort. In order to be considered for this trip, please read through and fill-out the bottom of this sheet, and **ALL** of the attached paperwork. Then return **THIS ENTIRE PACKET** to Mr. Jankoski in the Guidance Office by no later than **FRIDAY, JANUARY 10, 2020.**

*A few additional items regarding this trip:*

- We will be taking students to participate in the SOPA Winter Games Skiing events on February 10 & 11, 2020. There will be a group of approx. 30 students attending each day, for a total of 60 students participating. Please indicate your preference below, but know that we cannot guarantee the date you select.
- Each day, we will be meeting at BHS at 5:45am to depart by 6:00am. We will return to BHS around 6:00pm each day. You are responsible for your own ride to and from BHS on this date. (If we are to return earlier/later, we will have your child notify you)
- Complete **EVERY** item in the attached packet, even if you are over 18 years of age
- This event will take place rain or shine, so please remember to dress accordingly. Dress warm and in layers. You will be outside for the entire day, no matter what the weather is like. Do not wear sneakers or jeans/sweatpants! If you are assisting with the alpine event, you will likely be standing outside in snow all day. Feel free to bring a bag or backpack with you on this day to hold your belongings (remember you will be responsible for your own belongings, so be mindful of any valuables you choose to bring with you).
- We will still attend this trip, even if Baldwin-Whitehall School District has a 2-hour delay or cancellation on either date of the trip, as long as the bus driver feels that it is safe to travel.**
- Breakfast (bagels/fruit) and snacks (chips, pretzels, etc.) will be provided by the Special Olympics Club. Lunch will be provided at Seven Springs by Special Olympics. We are working on having dinner covered as well, but there is a chance that you may have to bring money to purchase your own dinner.
- Students who have attendance issues or are under academic probation will not be allowed to participate.

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

**Preferred date to attend (Please check):**     Monday, Feb. 10, 2020     Tuesday, Feb. 11, 2020     Either Day

**\* We can't guarantee this, but if possible, please list any other BW students you'd like to work with below:**

**In which manner would you like to assist with Winter Games this year ? (Please check one)**

**Alpine-** Working as a Timekeeper, Timer, Gatekeeper, or Athlete Organizer for the Downhill Alpine Skiing Events

**Escort-** Leading a group of SO Athletes, and **MUST BE AN EXPERIENCED SKIIER**, capable of handling advanced slopes and terrain  
**ESCORT ONLY** fill out below:

I have my own ski/snowboard equipment

I DO NOT have my own ski/snowboard equipment and will need to rent it



Special Olympics Pennsylvania Volunteer Registration Application



ALL VOLUNTEERS ARE TO COMPLETE THE FOLLOWING—PLEASE PRINT IN INK (items in italics are optional)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last First Middle

Mailing Address: \_\_\_\_\_

Street Apt

City County State Zip

Phone – indicate  your preferred contact number

(day) \_\_\_\_\_ (evening) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Group Affiliation: \_\_\_\_\_

Name (i.e., Anytown Boy Scout Troop #17, etc.) City State Zip

Employer/School

Name: \_\_\_\_\_

City State Zip

Please indicate the year you began volunteering with Special Olympics Pennsylvania \_\_\_\_\_

PERSONAL INFORMATION

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_

Name Relationship

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

INSURANCE INFORMATION

In the event that a medical emergency occurs during the course of my volunteer efforts with Special Olympics Pennsylvania, please be aware of the following personal medical information about myself; furthermore, if, during my participation in Special Olympics activities, I should need emergency medical treatment and cannot give my consent or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures necessary to protect my health & well-being, including, if necessary, hospitalization.

Physician's Name & Phone Number Special Instructions \_\_\_\_\_

Medical Condition Medications, if any \_\_\_\_\_

Medical Insurance Company Policy # Other necessary information \_\_\_\_\_

VOLUNTEER SIGNATURE

I affirm that I have read, understand and will adhere to the volunteer responsibilities and code of conduct; and that the information I have given is true and complete. If at any time the information provided is found to have been knowingly falsified, I will be disallowed from volunteering for any program accredited by Special Olympics Pennsylvania.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID VERIFICATION: # \_\_\_\_\_ # \_\_\_\_\_

Drivers License Student ID Other-Indicate: \_\_\_\_\_

If a minor, a parent or guardian signature is necessary.

I, as the parent or guardian of the above applicant, have read and agree with all the provided information and hold Special Olympics Pennsylvania and/or its volunteers and employees harmless for any negligence resulting in injury, illness or accident that may occur during my charges' participation.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROGRAM/OFFICE USE ONLY The above volunteer has completed the "Volunteer Application" and has been appropriately screened and trained.

Screener/Interviewer: \_\_\_\_\_

PRINTED Name SIGNATURE DATE

Was the PA State Police Criminal Record Check conducted and returned without activity, allowing continued class A status?  YES  NO

Date returned and on file: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID # \_\_\_\_\_

If activity existed, was a Letter of Exemption filed with the state?  YES  NO



777 Watershead Drive, Seven Springs, PA 15072-4007  
www.7spring.com | (800) 451-3223

NAME OF EVENT: **SPECIAL OLYMPICS WINTER GAMES 2020**

NAME OF VOLUNTEER/SPECTATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**ACKNOWLEDGMENT OF RISK, AGREEMENT NOT TO SUE, RELEASE OF LIABILITY AND INDEMNITY**

I acknowledge that as a volunteer or spectator at the event identified above, including, but not limited to competitions, practice sessions, training sessions, and recreational skiing/boardings ('the event'), I may be near or within the boundaries of ski slopes, terrain parks, features within terrain parks, and lifts. As a result, I could be seriously injured or killed by collisions with skiers, boarders, skiing/snowboarding equipment, lifts, or other spectators. In consideration for permission to be a volunteer/spectator, I VOLUNTARILY ASSUME THE RISK OF SERIOUS INJURY OR DEATH ARISING OUT OF OR RELATING TO MY ROLE AS A SPECTATOR OR VOLUNTEER, INCLUDING BUT NOT LIMITED TO, SERIOUS INJURY OR DEATH CAUSED BY NEGLIGENCE ON THE PART OF SEVEN SPRINGS MOUNTAIN RESORT, INC. ITS OWNERS, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, PARENTS, AND AFFILIATES ("SEVEN SPRINGS"). I FURTHER AGREE NOT TO SUE, TO RELEASE FROM ANY AND ALL LIABILITY, AND TO INDEMNIFY, HOLD HARMLESS, AND DEFEND SEVEN SPRINGS for any damage, injury, or death to myself, to any other person on whose behalf I am signing this Agreement, or to any other person or property, regardless of any negligence on the part of Seven Springs.

I agree that any and all disputes will be litigated under Pennsylvania law in the Court of Common Pleas of Somerset County, Pennsylvania.

I further agree that if any part of this Agreement is determined to be unenforceable, including the Parent/Guardian statement below, all other parts shall be given full force and effect.

I understand that I may be photographed or video graphed while a volunteer/spectator. I agree to allow my photo, video, film or likeness to be used by Seven Springs for any legitimate purpose.

I have carefully read and understood this Agreement and all of its terms. I understand that this is a release of liability and an indemnity which will legally prevent me or any other person on my behalf from filing suit or making any other legal claim for damages in the event of my death or any injury to me. I nevertheless enter into this Agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives.

VOLUNTEER/SPECTATOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR PARENTS OR GUARDIANS OF VOLUNTEERS/SPECTATORS UNDER 18 YEARS OF AGE**

As parent/guardian of this volunteer/spectator, I do consent and agree not only to his/her release of Hidden Valley, but also to release and indemnify Seven Springs from any and all liabilities resulting from any **NEGLIGENCE AND/OR CARELESSNESS** of Seven Springs and incident to his/her participation in the Activity for himself or herself, myself, my spouse, our heirs, assigns, and next of kin.

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICABLE) \_\_\_\_\_

DATE \_\_\_\_\_

*\*Breakfast and Lunch will be provided free of charge for this trip. We suggest bringing additional money in case we stop for dinner on the way home.*

PLEASE PRINT

**BALDWIN-WHITEHALL SCHOOL DISTRICT**

**FIELD TRIP PERMISSION FORM**

Group (Class or Activity) Special Olympics PA Winter Games  
Teacher(s)/Sponsor(s) Mr. Laughlin and Mr. Jankoski  
Destination of Field Trip 7 Springs Ski Resort Date(s) of Field Trip Monday, 2/10/20 OR Tuesday, 2/11/20  
Departure Time 6:00am Return Time 6:00pm Method of Transportation BWSD School Bus

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Family's Home Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Father's Work Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mother's Work Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Person to call if neither parent can be reached \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Describe student's allergies, special factors, current medications: \_\_\_\_\_

Does student have health insurance coverage? Yes  No

Health Insurance Provider's Name \_\_\_\_\_

Policy/Certificate # \_\_\_\_\_ Group # \_\_\_\_\_

Name Insured/Policyholder: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

We agree that the Baldwin-Whitehall School District and its officers, directors, employees and representatives shall not be liable for, and we release, exonerate and hold them harmless from all claims, actions and liabilities of every kind because of personal injuries sustained by our child, and property damage, expense or other loss sustained by us, in connection with our child's participation in this school sponsored activity. We make this agreement intending to be legally bound.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

created by Mary Ann Kraus 3/30/03