



SNOW SKIING/BOARDING PARTICIPANT ENROLLMENT FORM

Mission Unit _____

Medical Coverage

Each person attending a Young Life downhill snow skiing/boarding activity, whether a youth or an adult volunteer, is required to have health coverage during the activity. Select one of the three following options by placing an "X" before the option you elect.

- Option No. 1.** I decline Young Life accident coverage because I represent and warrant to Young Life that I will have personal health care coverage during the activity. Furthermore, I will be responsible for any injury I may sustain during this activity. I will defend, indemnify and hold Young Life, including its trustees, employees and volunteers, harmless for any injury I may sustain, including my death. **Young Life strongly recommends that helmets be worn by all participants.**
- Option No. 2.** I wish to purchase supplemental accident coverage through Young Life for a maximum benefit of \$20,000, and promise to pay \$5.00 per activity day. I understand this supplemental coverage is secondary to my personal or group health care coverage, which I represent and warrant to Young Life, will be in force during the activity. **Participants will be required to wear a helmet.**
- Option No. 3.** I wish to purchase accident coverage through Young Life for a maximum benefit of \$20,000, and promise to pay \$15.00 per activity day. I represent and warrant to Young Life that I do not have any personal or group health care coverage. **Participants will be required to wear a helmet.**

You must select one of the above options. Each participant must be covered for accidents through Young Life or by his or her personal or group health care plan.

Signature of parent or guardian of minor participant or signature of adult participant _____ Date _____

Please complete the following:

1. Participant: _____ Downhill Snow Skiing Snowboarding
 2. Location of snow sports activity: _____
 3. Date(s) of snow sports activity: From: _____ To: _____ No. of days: _____
 4. Name of your parent's or your insurance company: _____
- Address: _____
- Policy No.: _____ Group: _____

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH SNOW SKIING/BOARDING. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH, ILLNESS, LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. _____

Initials of parent, guardian or adult camper/staff

Medical Information Release

If my child, or I as an adult participant, become(s) injured or ill during the activity, including traveling with a Young Life group, to and from the activity, I hereby authorize Young Life to secure, at my expense, medical treatment, including surgery, for my child or me if I should be unconscious.

I hereby authorize all health care providers to release all medical information regarding my child or me, if I am an adult participant, to my personal or group insurance company and to Young Life. I hereby certify under penalty of perjury that the above and foregoing is true and correct.

Allergies

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Other Drugs
- _____ Asthma
- _____ Other (specify) _____

_____ Print Name

_____ Signature

_____ Street Address

_____ City, State and ZIP

_____ Phone (_____) _____

Chronic or recurring illness or medical condition _____

I hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, video-tapes and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Young Life. _____ (signature)

SELECT ONE

COMPLETE

MUST COMPLETE TO ATTEND



**INSTRUCTIONS FOR COMPLETION OF THE
SNOW SKIING/BOARDING PARTICIPATION ENROLLMENT FORM**

Each youth and adult volunteer participating in a Young Life-sponsored downhill snow skiing or snow boarding activity **must** have health or accident coverage. Three options are available. Please remember to report all participant information whether or not insurance is purchased. All information must be turned in to the Service Center prior to the trip.

A. If the participant has personal insurance coverage, participant may elect to:

Option No. 1: Waive Young Life coverage and use only his or her own personal health care coverage;

(Helmets recommended)

Option No. 2: Purchase Young Life coverage at \$5.00 per activity day, which would be secondary to his or her own personal coverage up to \$4,000. As the secondary coverage, Young Life can meet the participant's deductible and insurance co-payment if applicable.

(Helmets required)

B. If participant does not have any personal insurance coverage, participant must:

Option No. 3: Purchase Young Life coverage at \$15.00 per activity day which would provide accident benefits up to \$20,000 for bodily injury arising from a snow skiing or snow boarding related accident.

(Helmets required)

Full coverage under option number 3 may **not** be purchased by any participant who has personal insurance pursuant to **A** above.

Please remember that Young Life properties do not provide any accident coverage for downhill skiing or snow boarding related activities held at a location other than a Young Life property. Each participant must have accident or health coverage under one of the three options described above when such activity is held at a location other than a Young Life property.

Also attached is a check list entitled Snow Boarding/Downhill Skiing Coverage Procedures for processing snow skiing and snow boarding forms. Please post this check list in your area office as an easy reference to follow in processing the forms on a step-by-step basis.

C. Your area account will be charged for the cost of the coverage when the Snow Skiing/ Boarding Enrollment Summary form is sent to the Insurance/Benefits department.

SNOW BOARDING/DOWNHILL SKIING MEDICAL COVERAGE PROCEDURES

1. Area Staff Notifies Parents

A. Notify each parent that all participants in Young Life sponsored snow skiing or snow boarding activities are required to have health care coverage. Give them a copy of the Snow Skiing/Boarding Participant Enrollment, which includes a release of liability, and warrant of physical fitness and ability provisions.

B. Explain the form to the parents, including the three coverage options available, and remind them that they must choose one. Parents may choose the coverage they need by completing and returning to you the signed three-part form. The parent should keep the second copy.

2. Downhill Skiing or Snow Boarding Participant Accident

In the event of a skiing or snow boarding accident to the participant, review your records to determine whether the participant had elected the option whereby the Young Life-sponsored accident coverage is primary or secondary. If the accident involves a covered individual, complete an Activity Proof of Loss form and submit it to the Service Center.

3. Injuries Incurred in Any Other Manner Than Downhill Skiing or Snow Boarding

A. Complete the Activity Proof of Loss form as soon as possible and send it along with any related bills to the Insurance Department at the YLSC for processing. The blanket Activity Coverage is automatic with any claim other than snow skiing and snow boarding.

B. Explain to the individual or parents that the coverage is secondary to the person's own coverage if the claim is over \$250.00. Young Life will pay accident medical costs not paid by the injured person's coverage up to \$20,000. If the claim is less than \$250.00 in its entirety, Young Life will pay for it.