



Dewey Mountain Summer Activities 2019 Youth Mountain Bike League



Looking for a fun group of kids to hit the trails with this summer? Yes!?! Then the Dewey Youth Mountain Bike League is for you!!

We are signing up kids between the ages of 9 & 14 to ride with us every Thursday in July and August from 5:30-6:30pm starting on July 11th. Our first few sessions will be located at Dewey Mountain, and as we get to know the group we will start to explore the trail networks in Saranac Lake, Lake Placid, and Wilmington.

REGISTRATION WILL OCCUR ON THURSDAY, JULY 11TH AT 5:00PM PRIOR TO OUR FIRST DAY OF RIDING.

Cost = \$35/season

***Life is like riding a bicycle.
To keep your balance, you must keep moving.
Albert Einstein***

PARTICIPANT REGISTRATION

Participant's name _____
Participant's age _____ Date of Birth ____/____/____
School _____

Parent's name _____
Address _____
City _____ State _____ Zip _____
Home phone _____ Cell phone _____
Work phone _____
Email address _____

Parent's name _____
Address _____
City _____ State _____ Zip _____
Home phone _____ Cell phone _____
Wok phone _____
Email address _____

EMERGENCY CONTACT

Emergency contact #1 _____
Workphone _____
Home phone _____ Cell phone _____
Can this person pick-up your child? Yes _____ No _____

Emergency contact #2 _____
Workphone _____ Home phone _____
Cell phone _____
Can this person pick-up your child? Yes _____ No _____

HEALTH SURVEY

Does your child have any of the following illnesses/medical problems?
(Please check) Diabetes ___ Heart Disease ___ Asthma ___ Epilepsy ___
Explain each of the items checked above:

Allergies ___ if yes please list

Taking medication - if so what _____

Does your child have any physical limitations Yes _____ No _____

If yes, please explain _____

PARENT'S CONSENT

I hereby give permission for my child _____ to participate in any of the Dewey Mountain Recreation Center's scheduled trips or activities, and for photos to be taken of my child while on trips or activities, without identifying last name, from this date until November 1, 2019.

Parent/Guardian Signature

Date

EMERGENCY CARE PERMISSION

In the event your child may need emergency medical treatment, he/she will be taken to the nearest hospital at the time. Below is a form which will allow medical personnel/the hospital to administer proper treatment. Upon receipt of the completed form, we will retain it in our files for presentation to the hospital if the need arises I hereby grant permission to administer emergency medical care to my child, _____, including hospitalization, injections, x-rays, anesthesia or surgery, if necessary.

I accept responsibility for all medical expenses incurred for such treatment.

Parent/Guardian Name:

Address _____
Telephone _____

I understand that you will report this action to me at the earliest possible time. In case I cannot be reached at work or home, the following person and phone number is to be contacted/called:

Name _____
Address _____
Telephone _____

Parent/Guardian Signature Date

****PLEASE PROVIDE A COPY OF YOUR CHILD'S HEALTH INSURANCE CARD**

ADIRONDACK LAKES & TRAILS OUTFITTERS/DEWEY MOUNTAIN RECREATION CENTER
541 LAKE FLOWER AVENUE - SARANAC LAKE, NEW YORK 12983
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Each participant MUST have an individual form for season or program use.

In consideration of being allowed to participate in any way in any of the programs, activities and related events of Adirondack Lakes & Trails Outfitters, Inc. and Dewey Mountain Ski and Snowshoe Center, I/we the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program, activity or event is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I AND/or any children or persons in my care knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for myself and /or any children or persons in my care.
3. I and/or any children or persons in my care, willingly agree and comply with the stated and customary terms and conditions for participation. If, however, I and/or any children or persons in my care observe any unusual significant hazard during my/our presence or participation, I and/or any children or persons in my care will remove myself/ourselves from participation and bring such to the attention of Dewey Mountain Recreation Area management immediately; and
4. I, for myself and/or any children or persons in my care and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release, indemnify, hold harmless and covenant not to sue Adirondack Lakes & Trails Outfitters, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises or equipment used for the activity, with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I AND/OR ANY CHILDREN OR PERSONS IN MY CARE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND/OR ANY CHILDREN OR PERSONS IN MY CARE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Legal Guardian *(Please Print)* Address City State/Zip Code

Participant Name Age (if under 18) Date

Signature of Parent/Legal Guardian Date