



# York Catholic High School

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601 E. Springettsbury Avenue, York, PA 17403  
717.846.8871 ♣ www.yorkcatholic.org

Students and Parents,

We are excited to offer Ski Club again for York Catholic students this winter. Buy your Roundtop night club card through us and benefit from our group rate. Cards can be purchased online and now is the time to buy. Prices go up after November 7<sup>th</sup>. For pricing information and packages visit [www.skiroundtop.com](http://www.skiroundtop.com). Online ordering is easy, and directions follow. Roundtop no longer requires a hard copy of a signed release form, they will ask you for an electronic signature instead. You can ask them to use last year's photo or get a new photo taken at Customer Service your first day at the mountain.

If you need a ride to the mountain or are looking for someone to ski with, come to Roundtop with us on Sunday afternoons. Weather willing the first Sunday shuttle will run on January 7<sup>th</sup>. The YC bus leaves the front parking lot of school at 2:00 pm, and returns by 9:00 pm. All are welcome, grades 7-12, and ineligibility rules apply. Permission slips for the shuttle are attached.

**Directions for online ordering:**

Go to [www.skiroundtop.com/night-club-cards](http://www.skiroundtop.com/night-club-cards)

Our group name is actually a number: **20387**

Our group password is **member**

You will need to download a picture or use last year's photo

Roundtop will mail all night club cards directly to your home. Call if you have questions at all. We look forward to some YC fun on the slopes. ***Come ski or board with us!***

Best,

Kathy Hand and John Driscoll  
Ski Club Moderators  
[khand@yorkcatholic.org](mailto:khand@yorkcatholic.org)  
[jdriscoll@yorkcatholic.org](mailto:jdriscoll@yorkcatholic.org)



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## **Sunday Shuttle Information:**

A night club card at Ski Roundtop gives your student unlimited evening access to the mountain; they can ski or board as often as they like. The YC group makes four trips to the mountain, and any YC student is welcome to join our Sunday Shuttle. The cost per student is \$60.00, and that covers transportation to the mountain four times. Checks and permission slips are due by **Friday, January 5<sup>th</sup>** and checks should be made out to York Catholic.

The bus leaves York Catholic at 2:00 pm on Sunday afternoons, returning by 9:00 pm. Students must be academically eligible to ride. Dates for the Sunday Shuttle follow:

**January 7, 14, and 28**

**February 4**

**February 11 - make up day**

Please do not hesitate to call with questions or concerns. We look forward to a great winter season with our YC group.

Best,

Kathy Hand and John Driscoll

Ski Club Moderators

[khand@yorkcatholic.org](mailto:khand@yorkcatholic.org)

[jdriscoll@yorkcatholic.org](mailto:jdriscoll@yorkcatholic.org)

**PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from York Catholic High School. A brief description of the activity follows:

**Name of Event:** Sunday Shuttle - YC Board and Ski Club

**Destination:** Ski Roundtop

**Designated Supervisor of Activity:** Kathy Hand / John Driscoll

**Date & Time of Departure to/from LOCATION:** Depart York Catholic at 2:00 pm Sundays, returning by 9:00 pm

1/7/18 1/14/18 1/28/18 2/4/18

Make Up Date: 2/11/18

**Method of Transportation:** Durham Bus

Emergency Information: Name & Relation #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Relation #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and waiver of liability.

My child has special medical concerns. Yes \_\_\_ No \_\_\_ (If yes, please describe on back of this paper.)

**CONSENT AND WAIVER**

I hereby request the participation of my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby agree, on behalf of the named student and his other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

**Please return this entire form to Mrs. Kathy Hand  
By January 5, 2018**