



Pacific Northwest Ski Association

A Division of US Ski and Snowboard

PNSA Alpine Team Contract 2018-19

Name of Alpine Team Member: _____

Phone: _____ Email: _____

Coat Size: circle one XXL XL L M S XS **Circle one:** Men's sizing or Women's sizing

Name as you want it on your jacket: _____

I, _____, understand that being selected for the PNSA Alpine Team is a privilege and an honor, and that by accepting a position on the PNSA Alpine Team I am incurring certain responsibilities. My signature on this form indicates that I agree to the following:

1. I will attend Northwest Cup races during the 2018-19 season. PNSA Alpine Team members will receive an excused absence for illness/injury (documented by a letter from athlete's physician) and for participation in FIS or College races.
2. I will make every effort to attend and assist with the PNSA/PNSEF 2018-19 fundraiser located in my area. Local Alpine Team members will be introduced at these events.
3. I will support and help younger PNSA racers by entering non-NW Cup PNSA races as often as possible.
4. I acknowledge and will abide by the US Ski and Snowboard Code of Conduct and its responsibilities.
5. I will observe ski area rules and safety regulations, and will show courtesy when I am skiing. I acknowledge that I am a role model for all PNSA racers and I will conduct myself accordingly, on and off the slopes.
6. In the event I do not fulfill the terms and conditions required of me as a PNSA Alpine Team member, I agree that I shall immediately, upon being requested by PNSA to do so, return all benefits received, including clothing. In addition to returning all benefits, I agree to repay PNSA for the amount of funds paid in FIS entry fees. I understand that I will not be eligible for selection to future PNSA Alpine Teams.

I understand that my participation as a member of the PNSA Alpine Team will be reviewed during the 2018-19 season.

Signature of PNSA Alpine Team Member

Date

Signature of Parent or Guardian, if under age eighteen (18)

Date



PNSA Competitor Contact Information Form
2018-2019

Name _____ Email: _____

Birthdate: _____ USSA #: _____ FIS #: _____

Coat Size: circle one XXL XL L M S XS **Circle one:** Men's sizing or Women's sizing

Please list your **Winter** mailing address:

Address: _____ Phone: _____
_____ Cell Phone: _____

Team _____ Ski Area _____
Coach _____ Coach Phone _____
Coach E-mail: _____

Mom's Name: _____

Mom's Email: _____

Mom's Home Phone: _____ Mom's Work Phone: _____

Mom's Cell Phone: _____

Dad's Name: _____

Dad's Email: _____

Dad's Home Phone: _____ Dad's Work Phone: _____

Dad's Cell Phone: _____



PNSA MEDICAL RELEASE

2018-2019

WE DO HEREBY AUTHORIZE any licensed physician and/or responsible staff member of any hospital in any state to administer whatever medical or surgical treatment, or therapeutic procedures they deem necessary for the diagnosis and treatment of _____ (THE SKIER). We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction or supervision of such physician or hospital staff person. This release is valid for the period from July 1, 2018 to June 30, 2019.

Every effort is made to contact parents or legal guardians of SKIER in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment. Therefore, we suggest that parents fill out this form and send it to the PNSA Office.

SKIERS WHO WISH TO TRAVEL AS PART OF THE DIVISIONAL TEAM MUST SUBMIT THIS COMPLETED FORM.

INSURANCE CO.: _____ POLICY # _____

Please list any medical conditions your racer has that the Coaching Staff should be aware of. (Drug Allergies, Diabetes, Heart Trouble, Asthma, Medications, Injuries, Food Allergies, etc.):

In case of Emergency, please notify:

NAME: _____ PHONE #: (_____) _____

NAME: _____ PHONE #: (_____) _____

DATED: _____, 20____.

(Signature of Parent or Guardian)

(Signature of the Skier / Athlete)

ADDRESS: _____ Phone (Wk) _____

_____ Phone (Hm) _____

_____ Phone (Cell) _____

Email: _____ FAX: _____



SKI SCHOOL RELEASE OF LIABILITY

- 1) I am aware that skiing/snowboarding is a hazardous sport that includes certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing/snowboarding and in the ski area/mountain environment.
- 2) I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
- 3) I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY _____ PNSA _____ Ski School and the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN __ Ski Area(s) and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for any injury or damage resulting from any cause, including negligence, which arises out of participation in or travel to and from _____ PNSA _____ Ski School. This Release is also binding as to any other persons, including all family members, heirs, and executors.
- 4) *If you are enrolling a minor child in ski school, please read and understand the following: As part of ski school instruction and skiing/snowboarding, your child will ride the chairlifts. The ski school and/or ski area cannot guarantee that your child will ride the chair lift with any particular person. Your child may ride the lift with a student, instructor, a member of the public or may ride the lift alone. If this is not acceptable please do not enroll your child in ski school. By enrolling your child in ski school you understand and agree to have your child ride the lift with another ski school student, a member of the public, with an instructor or alone.*
- 5) If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from _____ PNSA _____ Ski School. I also agree to RELEASE, HOLD HARMLESS AND INDEMNIFY the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN Ski Schools/Clubs for any claims brought by or on behalf of the minor.

Student _____

Date _____

DOB / /

Parent/Legal Guardian if under 18 yrs. of age

Date _____

Print Parent/Legal Guardian name here: _____

Please return this form to the PNSA office via email, fax or USPS.

Email = pnsa@pnsa.org

Fax = 866-542-8664

USPS = 2671 Flowery Trail Rd

Usk, WA 99180-9740