



# Pacific Northwest Ski Association

## A Division of US Ski and Snowboard

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### PNSA Code of Conduct for Athletes

As an athlete representing PNSA, while on a PNSA sponsored trip I will:

- 1) Treat fellow competitors, coaches and officials with respect and consideration for their health, safety and emotional well-being.
- 2) Abide by the rules of competition.
- 3) Respect the role of race officials, volunteers and spectators.
- 4) Respect the guidance of coaches and follow the coaches' directions.
- 5) Refrain from behavior that is disruptive, disrespectful, or damaging to PNSA's reputation.
- 6) Dress appropriately and refrain from the use of clothing that contains endorsements for alcohol, tobacco or illegal drugs.
- 7) Commit no criminal acts.
- 8) Personal cell phone use during team activities is not acceptable.
- 9) Refrain from the use of banned substances in cross country skiing, racing and training (See USOC list of banned substances).
- 10) Abstain from the use and or possession of illegal drugs, alcohol and tobacco products.

I understand that if I violate one or more of these codes of conduct during a PNSA trip I will be subject to reprimand. Reprimands range from verbal warnings to exclusion from team functions to sending the athlete home at his/her own expense. PNSA coaches will determine these reprimands on a case by case basis.

By signing my name below, I indicate that I have read, understand, and agree with this code of conduct.

Print Athlete Name \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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### 2020-21 PERMISSION TO OBTAIN MEDICAL CARE

I/We, \_\_\_\_\_, the parent(s)/guardian of \_\_\_\_\_ authorize the holder of this release, to consent to necessary medical care in any emergency situation, to any: x-ray exam, laboratory test, anesthetic, medical or surgical procedure or hospital care required on the above-named minor while in his custody and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a licensed physician. This consent is valid from July 1, 2020 to June 30, 2021.

Athlete's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other pertinent medical information:

Parent( s )/ Guardian \_\_\_\_\_

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_