

St. Paul Ski Club Membership Form 2009-2010

Skiers - \$50 Parent, Guardian, or Associate Membership - \$25

Family Maximum \$150

Junior Skier Membership

Last Name	First Name	USSA #	Birthdate	Sex
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F

Parent, Guardian or Associate Membership

Name	Home Phone#	Work Phone#
_____	_____	_____
_____	_____	_____

Address

Street	City	State	Zip
_____	_____	_____	_____

E-mail _____

Insurance Information (for skiers only)

Insurance Company: _____ Policy# _____

Policy Holder's name: _____

Holder's DOB: _____ Group #: _____

Name of Family DR: _____ Clinic: _____

WAIVER OF LIABILITY

I, we, agree to release, hold harmless and forever discharge the St. Paul Educational Foundation: St. Paul Club: their directors, officers, coaches, volunteers, club members; and all other persons and organizations who are or might be liable from actions, claims, damages, and demands that arose or may arise from any activity at or on the property owned by the St. Paul Educational Foundation. I acknowledge that the activities covered by this waiver include skiing, ski jumping and use of the tow rope, all of which can be dangerous activities.

I Hereby:

1. Understand that every effort will be made to protect and safeguard all participants. I give permission for my child to participate in Ski Camp/Training and Competitions.
2. Agree that any participant disregarding rules is subject to being sent home. Also, any participant who willfully destroys or defaces property will be held responsible and will be charged accordingly.
3. Request that in the event of an emergency, my child be taken (by ambulance if deemed necessary) to the nearest doctor or hospital for examination and/or treatment and I will be notified immediately. I understand that the St. Paul Educational Foundation: St. Paul Ski Club: their directors, officers, coaches, volunteers, club members: and all other persons and organizations will not be responsible for any medical expenses not covered by my insurance, including ambulance expenses.

X	Date / /
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Parent (s) of skiers must sign this waiver as a condition for participation in club activities