

# St. Paul Ski Club Membership Form 2026

\$90 per skier ~ Family Maximum \$300.00

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

## Address

Street City State Zip

Phone number(s) \_\_\_\_\_

E-mail(s) \_\_\_\_\_

## Insurance Information (for skiers only)

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Policy Holder's name: \_\_\_\_\_

Holder's DOB: \_\_\_\_\_ Group #: \_\_\_\_\_

### HOLD HARMLESS & INDEMNITY

Athlete and/or parent(s) acknowledge jumping may cause minor or serious injury and hereby agree to ASSUME THE RISK of injury. Athlete and/or parent agree and covenant to hold harmless and indemnify the St. Paul Education Foundation and the St. Paul Ski Club, their successors, assigns, Board of Trustees, officers, employees, coaches and agents, all collectively referred to as Foundation, from any and all losses and costs, including attorney's fees incurred by the Foundation because of injury or loss to the athlete or parent and claims or suits brought by or on behalf of the athlete or parent(s) against any indemnities, or Foundation, arising out of the athlete's participation in the described skiing program, or any other program or function offered by the Foundation.

### MEDICAL RELEASE

In the event that a parent cannot be reached, parent hereby authorizes the Foundation and/or its named coaches to secure any hospital, medical, dental or surgical care, treatment and/or procedure for the athlete. The parent also authorizes that in the event of injury to the athlete, the Foundation and/or its named coaches can sign for athlete to receive care, treatment and/or procedures, under the instructions and direction of the licensed physicians on call at the emergency room of a hospital or emergency facility. The Foundation shall notify parent at the earliest possible time during or after such care. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedure to encourage the physicians and the Foundation and/or its named coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedure. Parent specifically indemnifies and holds harmless the Foundation and/or its named coaches from any and all costs arising out of such care, treatment and/or procedures.

### **CONCUSSION POLICY**

The St Paul Ski Club abides by the regulations set forth by the United States Ski and Snowboard Association in regards to concussion awareness. <https://my.usskiandsnowboard.org/aip/global/ussa-concussion-policy> If a concussion is suspected an athlete will be removed from practice and/or competition. A written clearance from a licensed physician will be required before returning to practice/competition.

### **SAFE SPORT**

The St Paul Ski Club adhere's to the Minor Athlete Abuse Prevention Policy set forth by the US Ski and Snowboard Association.

<https://usskiandsnowboard.org/sites/default/files/filesresources/files/2021/2022%20U.S.%20Ski%20%26%20Snowboard%20MAAPP.pdf>

\_\_\_\_\_  
Participant signature (18 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian signature (if under 18 years of age)

\_\_\_\_\_  
Date

**Parent(s)/Guardian(s) of minor skiers must sign this waiver as a condition for participation in St Paul Ski Club activities**

### **EQUIPMENT INFORMATION**

\_\_\_\_\_ I am renting equipment from the SPSC – see rental form

\_\_\_\_\_ I do not need equipment, I have my own.

Payment Method:    ☐ Credit Card        ☐ Cash        ☐ Check # \_\_\_\_\_

**Make Checks payable to: St Paul Ski Club**

**Please mail your membership form/payment to:**  
**Kris Edlund 1089 Overlook Dr Woodbury, MN 55125**