

HIDDEN VALLEY SKI TEAM

saint louis, missouri



2009 - 2010 APPLICATION

NAME _____

ADDRESS _____
street city state zip

PHONE (____) _____ BIRTHDATE ____/____/____

PARENTS/GUARDIAN _____

ADDRESS _____
street city state zip

CELL PHONE (____) _____ (____) _____
Father Mother

EMAIL ADDRESS(ES): _____

SKIING ABILITY (circle one) INTERMEDIATE ADVANCED EXPERT

SKIING EXPERIENCE _____

SKI RACING EXPERIENCE _____

GOALS _____

MEDICAL INFORMATION: ENCLOSE NOTARIZED PERMISSION FOR MEDICAL TREATMENT FORM

UNITED STATES SKI AND SNOWBOARD ASSOCIATION (USSA) MEMBERSHIP: USSA Membership is required for participation in any Hidden Valley Ski Team (HVST) training (Dryland or On-Snow) or competition. ALL Ski Team Members must obtain a current USSA membership (from USSA).

Circle program and payment schedule desired and send Application, along with check, and completed Assumption of Risk and Hold Harmless Agreement and Parental Permission For Medical Treatment Form to: Tracey Oswald, 156 Sierra Village Dr., Eureka, MO 63025

	<u>Introductory Team</u>	<u>Development Team</u>	<u>Travel Team</u>
Program Fee	\$195	\$295	\$435

Notes:

- There is a 10% discount for additional family members in the same or less costly program.
- Costs for all programs include dryland training and required insurance.
- In order to participate in dryland training, a minimum of \$100 of your program fee must be paid prior to start of dryland training.
- All program fees must be paid prior to start of on snow training.
- You may upgrade to a higher level program at any time during the season by paying the difference in fees.

MEMBER SIGNATURE _____

USSA MEMBERSHIP # _____
(Not required for registration, but must be obtained and furnished prior to participation in any training.)

PARENT SIGNATURE _____

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PARENTAL PERMISSION FOR MEDICAL TREATMENT

Name(s) of Child/Children: _____

Address _____ City/State _____ Zip _____

My child has/children have permission to participate in ski training and ski racing with the Hidden Valley Ski Team during the period from 1 September 2009 until 1 May 2010. During this activity, I may be reached at:

Address _____ Phone _____

MEDICAL INFORMATION:

Family medical/hospital Insurance carrier: _____ Policy or Group No. _____

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Preferred Hospital _____

Special Medical Conditions: _____

IN CASE OF MEDICAL EMERGENCY, I understand that when medically feasible, an effort will be made to contact a parent of guardian, but in the event one cannot be reached or it is not medically feasible to contact one, I hereby give permission for my child/children to be treated. In the event consent is needed for medical care on a non-emergency basis or for other matters and I cannot be reached, the following persons are authorized to act on my behalf:

David Coulter, Head Coach, Hidden Valley Ski Team
Adam Adkins, Coach, Hidden Valley Ski Team
Tom Berkeley, Coach, Hidden Valley Ski Team
Brett Borgard, Coach, Hidden Valley Ski Team
Dick Brewster, Coach, Hidden Valley Ski Team
Steven Coulter, Coach, Hidden Valley Ski Team

Jeff Hindman, Coach, Hidden Valley Ski Team
Martin McGreal, Coach, Hidden Valley Ski Team
Ken Murer, Coach, Hidden Valley Ski Team
Mike Rector, Coach, Hidden Valley Ski Team
Matt Sadl, Coach, Hidden Valley Ski Team
Craig Spidle, Coach, Hidden Valley Ski Team

Signature of Parent/Guardian _____

Date _____

STATE OF _____, _____ County

On this _____ day of _____ in the year _____, before me personally appeared

_____, to me known to be the person who executed the foregoing instrument.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, on the day and year first above written.

My Term Expires: _____



ASSUMPTION OF RISK and HOLD HARMLESS AGREEMENT

As a condition of my membership in the HIDDEN VALLEY SKI TEAM, I acknowledge and agree that:

(a) Alpine skiing, including dryland and on hill training, is a hazardous action sport that has many dangers and risks of personal injury, death or property damage and that injuries are common and ordinary occurrences of this sport. I am aware that there are natural, mechanical and environmental risks that independently, or in combination with my activities, may cause property damage or severe or even fatal injuries to myself or others.

(b) I alone am responsible for my safety while skiing, whether in training (dryland and on hill) or in competition, and for providing, using and maintaining appropriate equipment for my safe enjoyment of competitive skiing. I also understand that the use of helmets is mandatory for gate training, and that I will not be allowed to train in gates without a helmet.

(c) Being aware of the increased risk associated with competitive ski training and competition, I release, hold harmless and indemnify the HIDDEN VALLEY SKI TEAM and its representatives including, but not limited to, its coaches, directors, officers, members, parents and guardians of members, employees, agents, volunteers and steering committee members from any and all liability for personal injury or property damage which may occur to me during or resulting from my participation in HIDDEN VALLEY SKI TEAM activities.

(d) I have, and will continue to maintain, adequate medical and accident insurance.

(e) I will abide by the rules of the HIDDEN VALLEY SKI TEAM and the instructions of its coaches.

Skier's Name: _____

Signature: _____ Date: _____

FOR MEMBERS UNDER 18 YEARS OF AGE:

By signing this ASSUMPTION OF RISK and HOLD HARMLESS AGREEMENT as Parent/Guardian of the above named minor, I am consenting to that minor's participation in competitive ski training and competition and acknowledge that I have read, understand and consent to the terms of this ASSUMPTION OF RISK and HOLD HARMLESS AGREEMENT for and on behalf of my minor child and myself.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____