

2010-2011 ENROLLMENT FORM

Online registration is also available on www.gossra.org



Full name (competitor)		Email				
Birth Date / /	SexAg	e Class				
Address_	City	State	Zip			
Parent/Guardian 1	Parent/Gua	rdian 2				
Phone 1 (Home)	(Work)	(Cell)				
Phone 2 (Home)	(Work)	(Cell)				
Existing Medical Problems						
Present Medications_	AII	ergies				
School:	Gr	Grade:				
How did you hear about SSRA:						
ASSUMP	TION & ACCEPTANCE OF RISK, RE	ELEASE & INDEMNITY				
personal injury, death or property damage. I also my activities may cause property damage, or sew competitive events and/or training for competitive Snowboard Association, the United States Ski Te promoter clubs, the officials and any agent, reprefor my safety. I specifically RELEASE AND DISC may arise out of negligence or carelessness on the hazards which may occur, they now be known or Being fully aware of the risks, condition RELEASE AND DISCHARGE any and all claims me as a result of my participation in competitive edamage was foreseeable. I further agree to forever HOLD HARI liability for death and/or personal injury or propert. I currently have, and I agree to maintate that this is my sole responsibility and release all paree that I will accept and abide by by the organizers of any particular competition.	ere or even fatal injuries to others or me. I agree events and specifically acknowledge that the feam, the United States Coaches Association, the sentative, officer, director, employee, member of HARGE, in advance, those parties from any anne part of persons of entities mentioned above. unknown. ones and hazards of the proposed activity as a confor damages for death, personal injury, or properents or training for competitive events, against the second of the proposed activity as a conformation	conditions and risks, which indepee that I am alone responsible for m ollowing persons or entities including eski area, the promoters, the spor or affiliate of any person or entity not all liability whether known or unk I agree to accept all responsibility competitor, coach or official, I HERE enty damage which I may have or at any person or entity mentioned a ses identified above generally or spating in competitive events or train, valid and sufficient medical and a this coverage for me. I.S.A., U.S.S.A, F.I.S., and any oth	indently or in combination with y safety while participating in g the United States Ski and isors, the organizers, the amed above are not responsible nown, even though that liability for the risks, conditions and BY AGREE TO WAIVE, which may hereafter accrue to bove whether such injury or ecifically, from any and all ing for competitive events. ccident insurance. I understand er rules or regulations imposed			
COMPETITOR SIGNATURE		D	ATE			
competitive skiing and training and acknowledge whether known or unknown are expressly waived	in advance. recognize that I may not release any claims the or's participation in or travel to and from Spokan	known or unknown, is expressly as minor may have. However, I acce	ssumed by me and all claims, pt full responsibility for all			

DATE____

PARENT/GUARDIAN SIGNATURE___

MEDICAL RELEASE

In addition, I, the parent/guardian, give the directors and coaches of the Spokane Ski Racing Association permission to obtain								
medical aid for (competitor) in case of injury. It is understood that every effort will be made to contact me in								
case of injury/ if medical attention become	mes necessary. PARENT/G	UARDIAN SIGNAT	URE		DATE			
THE REST	3							
2010-2011 Tuition Rates ALPINE SKI RACING PROGR	AMS (Age o	determined as of 1		d in Full by r- New Mem	•			
Introduction to Ski Racing	(Saturdays only)	Ages 5-12		\$695.00	\$730.00			
Introduction to Ski Racing	(Sundays only)	Ages 5-12		\$695.00	\$730.00			
Youth Ski League	(Saturdays and Sunda	vs)Ages 5-12		\$960.00	\$1010.00			
Full-Time Youth Ski League	(Sat/Sun and Wed. nig			\$1220.00	\$1285.00			
Junior Development (DEVO)	(Sar San and Weating	Ages 11-13		\$1905.00	\$2005.00			
Junior Team		_		\$2495.00	\$2625.00			
FIS Junior Team		Ages 15-14		\$2815.00	\$2960.00			
		Ages 15+		\$355.00	\$2960.00			
Masters Training Center Holiday Camp	(Dec 27-31 only)	Ages 25+ All Ages		\$275.00	φ373.00			
If you have any questions, please call/e Chuck Holcomb Todd Bauernfeind Jeff McClellan Carl Guenzel Bob Simpson FOR INDIVIDUAL P Program Director Registrar President Vice-President Secretary	ROGRAM INFORMATION, mail: (509) 979-7499	comb@hotmail.com bear@aol.com lanjscc@msn.com bkhco.com davidsimpson@gma	GRAM PAGES	TUITION A AMOUNT F BALANCE	MOUNT			
To participate in training, payment must be complete. To begin on the start date of training, payment must be received by the SSRA registrar, by mail, by the appropriate full payment date (payment can also be made online); or prior to participation. Please review tuition policies appropriate for your athlete(s). First-time member tuition policies New members are encouraged to enroll as early as possible to help us prepare the best coaching staff and athlete groups possible. Until the third day of participation, new member tuition is fully refundable. New Member Discount: This is a 5% savings in team tuition costs extended to all new membersall year long! New Member Full Payment Deadline: This is due upon the 3rd day of participation. The first 2 days are considered "try b4 you buy". Returning member tuition policies: Payment Options and Deadlines								
Program	rayment Options and Dead	Start Date	Early Bird De	eadline Fu	ıll Payment Due			
FIS Juniors/Juniors		10/1/10	10/1/10	10	0/1/10			
Junior Development (DEVO) Youth Ski League, Full-Time Introduction to Ski Racing –a		10/15/10 12/5/10	10/1/10		0/15/10 2/5/10			
Early Bird Discount: This saves 5% in team tuition costs for each athlete paid by the early bird discount deadline (10/1/10). Full Payment Deadline: This is the deadline to complete payment for each team program This date is set as the beginning date of each program. If payment is not complete by this date, full payment is due prior to participation in any team activities. To excel as a ski competitor and a member of the team requires that certain expectations are met and the team agrees to common goals. Therefore, it is understood that I am responsible to the SSRA Code of Conduct as found on www.gossra.org . I understand that team participation is a privilege that can be revoked without refund of tuition/fees. SSRA is a team of athletes, parents and coaches with high expectations and a tradition of excellence. Maintaining this commitment to excellence while keeping tuition manageable requires significant member volunteerism. By signing below, I understand that we are responsible to contribute as outlined on the SSRA family volunteering form. COMPETITOR SIGNATURE DATE								
PARENT/GUARDIAN SIGNATURE	TO 000 A DE010TE				DATE			

PLEASE RETURN TO: SSRA REGISTRAR, 502 W. Wilson Ct., Spokane, WA 99208 PAYMENTS MUST BE MAILED. COACHES CANNOT ACCEPT PAYMENTS