SPOKANE SKI RACING ASSOCIATION
2011-2012 ENROLLMENT FORM

Full name (competitor)_____Email_____

Birth Date____/____/____ Sex_____ Age Class_____

Address_____City_____State_____Zip_____

Parent/Guardian 1_____Parent/Guardian 2_____

Phone 1 (Home)_____(Work)_____(Cell)_____

Phone 2 (Home)_____(Work)_____(Cell)_____

Existing Medical Problems_____

Present Medications_____Allergies_____

School:_____Grade:_____

How did you hear about SSRA:_____

Alpine Ski Racing Teams		Ages	First Time Member Price	Returning Members		Amount Paid
				Paid in Full by 10/1/11	Paid in Full after 10/1/11	
Introduction to Ski Racing	Saturdays only	5-12	$710	$710	$745	
Introduction to Ski Racing	Sundays only	5-12	$710	$710	$745	
Youth Ski League (YSL)	Sat and Sun	5-12	$980	$980	$1035	
Full-Time Youth Ski League	Sat, Sun & Wed	7-13	$1250	$1250	$1315	
Junior Development (DEVO)	See description	10-13	$1945	$1945	$2045	
J3 Junior Team	See description	13-14	$2550	$2550	$2680	
FIS Junior Team	See description	15+	$2870	$2870	$3020	
Masters	See description	25+	$365	$365	$385	
Holiday Camp	12/27-12/31 only	All	$300	$300	$300	

--FOR INDIVIDUAL PROGRAM INFORMATION, GO TO THE PROGRAM PAGES ON www.gossra.org--

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. First-time Member Discount is extended to first-time members…all year long! New Member Full Payment Deadline is due on 3rd day of participation. The first 2 days are "try b4 you buy".

Returning member tuition policies: Early Bird Discount: This saves tuition costs for each athlete paid by the early bird discount deadline (10/1/11). 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.

Payment Options & Deadlines	TEAMS	Start Date	Early Bird Deadline	Full Payment Due
	FIS Juniors/Juniors	10/4/11	10/1/11	10/1/11
	Junior Development (DEVO)	10/18/11	10/1/11	10/15/11
	All other teams (INTRO, YSL, FTYSL, Masters)	12/3/11	10/1/11	12/3/11

Registrar Use Only	Tuition Amount	Amount Paid	Date	Check #	Amount Due

ASSUMPTION & ACCEPTANCE OF RISK, RELEASE & INDEMNITY

I, _____, know that skiing and alpine ski racing competition are action sports carrying significant risk of serious personal injury, death or property damage. I also know that there are natural and environmental conditions and risks, which independently or in combination with my activities may cause property damage, or severe or even fatal injuries to others or me. I agree that I am alone responsible for my safety while participating in competitive events and/or training for competitive events and specifically acknowledge that the following persons or entities including the United States Ski and Snowboard Association, the United States Ski Team, the United States Coaches Association, the ski area, the promoters, the sponsors, the organizers, the promoter clubs, the officials and any agent, representative, officer, director, employee, member or affiliate of any person or entity named above are not responsible for my safety. I specifically **RELEASE AND DISCHARGE**, in advance, those parties from any and all liability whether known or unknown, even though that liability may arise out of negligence or carelessness on the part of persons of entities mentioned above. I agree to accept all responsibility for the risks, conditions and hazards which may occur, they now be known or unknown.

Being fully aware of the risks, conditions and hazards of the proposed activity as a competitor, coach or official, **I HEREBY AGREE TO WAIVE, RELEASE AND DISCHARGE** any and all claims for damages for death, personal injury, or property damage which I may have or which may hereafter accrue to me as a result of my participation in competitive events or training for competitive events, against any person or entity mentioned above whether such injury or damage was foreseeable.

I further agree to forever **HOLD HARMLESS AND INDEMNIFY** all persons and entities identified above generally or specifically, from any and all liability for death and/or personal injury or property damage resulting in any way from my participating in competitive events or training for competitive events.

I currently have, and I agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons/entities identified above from providing this coverage for me.

I agree that I will accept and abide by the rules and regulations of the E.E.Y.S.L., P.N.S.A., U.S.S.A, F.I.S., and any other rules or regulations imposed by the organizers of any particular competition.

This Acknowledgement of and Assumption of Risk and Release shall be binding upon my heirs and assigns. This Release does not apply to gross negligence or intentional acts.

COMPETITOR SIGNATURE_____ **DATE**_____

By signing this Acknowledgement of and Assumption of Risk and Release as Parent/Guardian, I am consenting to the competitor's participation in competitive skiing and training and acknowledge that I understand that any and all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown are expressly waived in advance.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from Spokane Ski Racing Association. I also agree to HOLD HARMLESS AND INDEMNIFY Spokane Ski Racing Association for any claims brought by the minor.

PARENT/GUARDIAN SIGNATURE_____ **DATE**_____

MEDICAL RELEASE & INFORMATION

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. I understand that every effort will be made to contact me in case of injury/ if medical attention becomes necessary.

PARENT/GUARDIAN SIGNATURE_____ **DATE**_____

Existing Medical Problems_____

Present Medications_____ Allergies_____

Insurance:_____ Policy #:_____ Phone:_____

Physician:_____ Phone:_____

Emergency Contact:_____ Phone:_____ Cell:_____

CONCUSSION EDUCATION

I have reviewed the concussion information enclosed in the enrollment packet and have learned about concussion and second impact syndrome. I understand that upon suspicion of a concussion experienced while with SSRA, or otherwise, SSRA coaches will adhere to Washington State law (Lystedt Law) and require an athlete to "sit out when in doubt". In order to return to ski team activities, an athlete must be cleared by a health care provider who is trained in concussion evaluation and management. A written "return to play" form, signed by the physician, must be provided to the SSRA executive director. All athletes, 11 and up, may participate in the Impact Test (cognitive baseline test) prior to September 1, 2011.

COMPETITOR SIGNATURE_____ **DATE**_____

PARENT/GUARDIAN SIGNATURE_____ **DATE**_____

ATHLETE AND MEMBER FAMILY TEAM AGREEMENT

To excel as a ski competitor and a member of the SSRA 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_____ **DATE**_____

PLEASE RETURN TO: SSRA REGISTRAR, 2018 N. Willamette Dr., Post Falls, ID 83854
PAYMENTS MUST BE MAILED or MADE ONLINE. COACHES CANNOT ACCEPT PAYMENTS