



**Auburn Ski Club Associates
Alpine Program – Registration Form
2009-2010
Snowboard Programs**

Please print clearly

Athlete Name: (First)	(Last)	Birth date / /
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Team Selection (see below):	Sex M___F___	Athlete's email:
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Athlete Name: (First)	(Last)	Birth date / /
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Team Selection (see below):	Sex M___F___	Athlete's email:
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Contact Information:

Mother (or legal guardian)	Father (or legal guardian)
Name:	Name:
Home Ph:	Home Ph:
Cell Ph:	Cell Ph:
Work Ph:	Work Ph:
Email:	Email:
Parents are (circle one): Married Divorced Other:	
Child lives with (circle one): Both Mother Father Other:	

All Program Fees include season passes as Noted: B=Boreal, AM=Alpine Meadows

<u>Team Selection</u>	<u>Team Dues</u>	<u>after Oct 15</u>	<u>Amount Paid</u>
Full Riders (B, AM)	\$2330	\$2630	\$ _____
Junior Riders (B)*	\$ 995	\$1295	\$ _____
Weekend Riders (B, AM)	\$1875	\$2175	\$ _____
Riders Development (B, AM)	\$1430	\$1730	\$ _____

*if available passes may be purchased from ASC for Boreal or Alpine Meadows at ASC cost

Family membership (Both parents and athlete required) **Total from membership form:** \$ _____

Additional Donation to Alpine Program \$ _____

The Auburn Ski Club Associates is a non -profit 501c(3) organization and donations are tax deductible. The Alpine program is working hard to keep dues down and retain quality coaches. Donations are greatly appreciated. THANK YOU!

Amount Due – Please make checks payable to Auburn Ski Club Associates \$ _____ (In an effort to keep our overhead costs down we are not accepting credit cards for program registration this year.)
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Volunteer!!!– ASC relies heavily upon family participation including volunteer hours to host events and support programs. Each family is to complete **16 hours of volunteer time per athlete**. Families that complete their volunteer requirement will be issued a \$200 credit toward their next season's program dues. This is only applicable to program dues for the season following that which volunteer hours were accumulated. This credit has no redeemable cash value.

NOTE: To receive the season pass and go on snow for training all dues must be paid in full and all forms must be complete and turned in to the Training Center. Team dues are non-refundable once the athlete has participated on snow.

**Send Forms to: ASCA, P.O. Box 829, Soda Springs, CA 95728
Any Questions?: Contact Dylan Omlin at (530) 386-4045 or d_omlin@yahoo.com**

FOR OFFICE USE					
Ck # _____	Amt. pd. _____	Amt. Due _____	Volunteer Dep. _____	Date _____	Initial _____
Initial data entry:		Notes:			

Auburn Ski Club Associates 2009-2010 Membership Application / Renewal

Phone: (530) 426-3313 Fax: (530) 426-3501

P.O. Box 829

Soda Springs, CA 95728

www.auburnskiclub.org

*** Membership dues are non-refundable / non-transferable ***

AUBURN



SKI CLUB
TRAINING CENTER
Donner Summit, USA

Individual: \$40

Family: \$40 for the first family member, \$20 for each additional member (immediate family, same household).

Children 3 and under do not need a membership, but must have a waiver on file if at the Training Center.

For more details call the Training Center office (530) 426 3313 x 100 or go to www.auburnskiclub.org

Please check this box if you would prefer we do not share your address with other ski organizations

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone Number (____) _____ E-mail _____

Name _____ \$40
 Name _____ \$20
 Name _____ \$20
 Name _____ \$20
 Name _____ \$20

Office Use only

Card #	Waiver	Misc.	Total

Donations to The Auburn Ski Club are tax deductible

Memberships: \$ _____
 Donations: \$ _____
TOTAL: \$ _____

Office Use only

Ck #: _____ Date: _____ Collected / Mailed _____

Please make checks payable to Auburn Ski Club Associates.

ASC Refer A Friend Program:

Name of Member Who Referred You and Their Membership Number:

_____ # _____
Name Member Number

Office Use

Name of new member: _____
New membership #: _____
Date Joined: _____

Auburn Ski Club Alpine Program

Code of conduct

I understand that being a member of an Auburn Ski Club competition team is a privilege, and by accepting a position on a team I am agreeing to certain responsibilities. I understand that as an Auburn Ski Club athlete my actions directly affect other team members, the club, its staff, volunteers, and mountain hosts.

My signature on this form states that I agree to the following:

- I shall maintain high standards of moral and ethical conduct, which includes self control and responsible behavior, consideration for others' physical and emotional well-being and good manners in public places while training and competing at all levels.
(athlete's initial _____)

- I understand that many people (coaches, race officials, fundraisers, parents etc.) are working hard to help me achieve my goals. I will treat them with the gratitude and respect they deserve.
(athlete's initial _____)

- I shall demonstrate good sportsmanship behavior at all times.
(athlete's initial _____)

- I shall abstain from the use of alcohol, tobacco and drugs.
(athlete's initial _____)

- I shall abide by the rules of the ski areas at which I race and train and by the rules of the competitions in which I race.
(athlete's initial _____)

- I shall abide by the USSA code of conduct (as published in the USSA competition guide).
(athlete's initial _____)

- If I choose to compete for my high school, I will endeavor to be a good team member and role model for my team mates. I shall avoid conflicts in training and racing schedules by open discussion of my goals and methods of training with all coaches concerned.
(athlete's initial _____)

- I will communicate in advance with team coaches if I am unable to make the regular training sessions, or if I am unable to stay for the duration of training.
(athlete's initial _____)

Athlete's signature: _____ date _____

Parents: I acknowledge that my child has agreed to abide by the above terms of Auburn Ski Club team membership.

parent's signature: _____ date _____



Auburn Ski Club Associates, Inc.
Alpine Program

Credit Card Authorization Form Visa or Mastercard Only

It is a board policy that each athlete have a cc# on file before traveling with the team.

CARD HOLDER'S NAME _____

CARD NUMBER _____

EXPIRATION DATE _____

-must be after 05/10

VCF NUMBER _____

3 Digit Number on back of card.

CARD HOLDER'S ADDRESS: _____

PHONE NUMBER _____

SIGNATURE OF CARD HOLDER _____

Though we do accept credit card payment for all race entries and travel expenses, Auburn Ski Club prefers checks. The program incurred over \$3,000 in credit card fees last season.

**The above has authorized ASC coaches to place cc# on Team entry forms.
The above has authorized for ASC Alpine Administrator to charge the card for team trips and lodging or for not completing volunteer hours. ASC will notify cardholder of when charge is made and amount.**

Auburn Ski Club Associates, Inc. PO Box 829. Soda Springs , CA 95728
Phone (530) 426-3313, Fax (866) 691-1116, E-mail: egarayoa@auburnskiclub.org

Special and Limited Power of Attorney Medical Release



Family Name: _____

Children's names: _____

I, _____ am the parent or legal guardian for above said minor(s), and I hereby make and appoint the Auburn Ski Club Associates coaching staff my true and lawful attorney for me in my name to perform any emergency medical care hereinafter set down as fully as I might if personally present with full power of substitution and revocation. I am hereby ratifying and confirming my entire said attorney should do or cause to be done by virtue of this power and assume all financial responsibility for the same.

I authorize said attorney to authorize any and all medical and hospital care and treatment deemed necessary by a duly licensed physician for the health and well being of my child/children named above.

Signature: _____	Please circle	Date: _____ (mother, father, legal guardian)
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List ALL important medical information including allergies to food or medicine, asthma, diabetes, seizure disorders, special physical conditions, dietary and medications for each child:

Child's name	_____

Child's name	_____

Family's home phone number _____

Fathers Work Phone _____

Fathers Cell Phone _____

Mothers Work Phone _____

Mothers Cell Phone _____

Emergency Contact if parents can't be reached _____

Phone: _____

Cell Phone _____

Family's Insurance Company _____

Policy #: _____

Family Physician: _____

Phone Number: _____

Photographic Release

I also understand that photographs or video recording may be taken of my child during the programs. I give Auburn Ski Club Associates Inc. permission to use any such material for advertising or in promotional materials.

Parent or Legal Guardian Signature: _____ **Date:** _____

**WAIVER AND RELEASE**

Auburn Ski Club Associates, Inc.

Auburn Ski Club, Inc. Training Center

I/We, the undersigned, and/or parent or legal guardian of a minor, desiring to participate in the Alpine and Nordic programs of the Auburn Ski Club Associates, Inc. ("Associates") hereby acknowledge that the use by myself (each undersigned adult participant) or my/our minor child(ren) of the facilities, equipment or programs of Associates at the Auburn Ski Club Training Center, Boreal Mountain Resort, Alpine Meadows Ski Area, Northstar at Tahoe and other ski areas is permissive only and is subject to the terms of this Release. The facility and other properties utilized by the Associates are owned by a separate corporation, namely Auburn Ski Club, Inc. ("ASC"), and the waivers and releases given pursuant to this Agreement extend to, and are for the benefit of, the Associates, ASC and the other Released Parties that are identified below. This Agreement contains the entire agreement and understanding between the Released Parties and the undersigned concerning the subject matter of this Agreement and supersedes all prior agreements, terms, understandings, conditions, representations and warranties, whether written or oral.

I/We acknowledge that the sport of skiing, both Nordic and Alpine, biathlon, snowboarding, orienteering, ski jumping, ski racing, terrain park activities and other related events and activities hosted by Associates, ASC, and/or the Training Center (including, without limitation, weight training, off-snow physical fitness conditioning, fitness testing and the discharge of firearms in connection with biathlon programs) are action sports and related activities which carry a significant risk of personal injury and even death. I/We hereby assume those risks, from all factors, known or unknown to me/us. The action sports and related activities referenced herein, together with free-skiing, non-competitive skiing, and non-competitive snowboarding undertaken in connection with competitive and formal training activities hosted by Associates, ASC and/or the Training Center are collectively referred to as "Sports Activities". Without limiting the foregoing, I/we acknowledge that:

1. The Sports Activities are hazardous activities and I/we have made a voluntary choice to participate in those Sports Activities despite the risks. I/We also acknowledge and agree that this Waiver and Release is intended to extend to and include not only natural and man made obstacles or hazards, surface and environmental conditions, and risks inherent in my/our participation and the participation of others in the Sports Activities, including ice, poor visibility, cold or freezing conditions, conduct, variations in terrain, moguls, forest growth, rocks and debris, lift towers and other obstacles, as well as the risks of collision with other skiers/riders and of the failure of skiers/riders to ski within their own ability. I/We have been given an opportunity to visually inspect the cross-country trails and/or race course, Training Center facilities, and the ski areas owned or operated by the Released Parties. I/We hereby assume and accept the risk of all natural and man made conditions at those ski areas and facilities;

2. The aforementioned risks, alone and in combination with my/our actions, the actions of other skiers/riders, or actions of my/our minor child(ren) can cause severe or possibly even fatal injury to myself, my/our child(ren) or others. I/We acknowledge that I/we, or my/our minor child(ren), as participants or users of the ASC/Associates facilities and property, understand and assume and accept these risks and hazards whether known or unknown.

Having read and understood the foregoing, on behalf of myself(each undersigned adult participant), and my/our minor child(ren) (if applicable), I/we hereby waive any and all claims, demands, liabilities and recourse against the Associates; ASC; Boreal Ridge Corporation; Powdr Corporation; Alpine Meadows Ski Area, Northstar at Tahoe, Booth Creek Holdings, Inc., United States Ski Association; Far West Skiing Alpine; Far West Nordic Ski Education Association; United States Forest Service; all sponsors and the agents, agencies, affiliates, members, officers, competition officials, volunteers, directors and employees of all the above organizations (Collectively, the "Released Parties") arising out of or relating to wrongful death, personal injury or property damage suffered by an undersigned adult participant or my/our child(ren) from participation in any happening, Sports Activities in any way related to the ASC/Associates Nordic and Alpine programs and any and all training center activities, events or programs. WITHOUT LIMITING THE FOREGOING, IT IS MY/OUR INTENTION THAT THIS WAIVER AND RELEASE EXTEND TO AND INCLUDE CLAIMS, DAMAGES AND LIABILITIES ARISING OUT OF OR RESULTING FROM THE NEGLIGENCE OF ANY RELEASED PARTY TO THE FULLEST EXTENT ALLOWED BY LAW.

I/We understand this is a RELEASE OF LIABILITY that is valid FOREVER, which will prevent me/us, my/our child(ren), or my/our heirs from filing suit or making any claim for damages in the event of injury or death to an undersigned adult participant or my/our child(ren). Additionally, in the event I/we file or, my child(ren), or my legal representative files a claim or lawsuit arising out of participation in Sports Activities in any way related to the released parties or the facilities of the released parties, I/WE AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES, for any damages, attorneys' fees or costs arising out of such a claim or lawsuit. With the aforesaid fully understood I/we nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon each of the undersigned adult participants, my/our child(ren), my/our heirs, assigns and legal representatives.

I/we are signing this waiver and release form with the full knowledge of California Civil Code Section 1542, which reads: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor." The provisions of this statute are hereby waived. By signing below, I/we are indicating acceptance of this waiver and release, and I/we are representing that the undersigned adult participants or my/our minor child(ren) are in sufficiently good physical condition to participate in the programs and activities of the Associates without jeopardizing our health and have not been advised otherwise by a qualified medical person that and undersigned adult participant or my/our minor child(ren) cannot participate.

I/We agree that if any action is initiated with respect to the enforceability, validity or interpretation of this Agreement that action will be brought in a Court of competent jurisdiction in the County of Placer, State of California. Any disputes will be subject to and determined under the laws of the State of California. The invalidity of any provision or portion thereof of this Agreement shall not affect the validity or enforceability of any other provision.

THIS SECTION TO BE COMPLETED BY PARTICIPANTS AGE 18 AND OVER
BY SIGNING BELOW I ACKNOWLEDGE I'VE READ PAGE ONE AND PAGE TWO OF THIS WAIVER AND RELEASE

Name of participant if over age 18, (print) _____ Date: ___/___/___ Time: _____

Signature of participant if over age 18, _____

Name of participant if over age 18, (print) _____ Date: ___/___/___ Time: _____

Signature of participant if over age 18, _____

THIS SECTION TO BE COMPLETE ON BEHALF OF MINORS UNDER THE AGE OF 18
BY SIGNING BELOW I ACKNOWLEDGE I'VE READ PAGE ONE AND PAGE TWO OF THIS WAIVER AND RELEASE

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Minor participant name (print): _____ DOB: ___/___/___

Signature of parent or legal guardian: _____ Date: ___/___/___ Time: _____

Relationship to minor(s): _____