

**2009-2010 Mt. La Crosse Ski Team Registration**

Athlete Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ USSA Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Dad's Work: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Programs and Pricing**

**Please Check Appropriate Program**

Before Nov. 30<sup>th</sup> After Nov. 30<sup>th</sup>

- Two day Training Only (*First year team members only*)..... \$200 \$200
- Training Only..... \$300 \$350
- USSA Traveling Team and Training/ 6-Race Coach Fee\*..... \$600 \$650

\*Price does not include USSA fees.

**TOTAL:** \_\_\_\_\_

Payment Method:

- Cash
- Check      Check #: \_\_\_\_\_

Send Registration & Payment to:

Mt. La Crosse Ski Team  
c/o Marci Kuhrt  
1812 S 16<sup>th</sup> St  
La Crosse, WI 54601

# RELEASE OF ALL CLAIMS

We, Mr \_\_\_\_\_ and

Mrs \_\_\_\_\_ parents or guardians

of \_\_\_\_\_ understand that competitive ski racing, practicing for ski racing and all of the activities taking place in order to prepare for ski racing are dangerous and physically demanding activities and that serious personal injuries a possibility. We accept the inherent dangers of physical participation in such activities and do hereby agree to allow his/her participation in such activities and do hereby release the **Mt. LaCrosse Ski Team, its incorporators, directors, contractors, and coaches, Mt LaCrosse, and any and all other present or future employees, coaches, contractors, and all volunteers**, who are assisting with the management or operation of either Corporation or its activities, in any way, and agree to hold said parties free from any and all claims, demands, causes of action, and/or attorneys fees arising out of or in any way related to any personal injury or property damage sustained by/to our child while being transported to or from such activities or while involved in such activities.

We have read and understand this release and voluntarily, willingly, and knowingly, have signed this release as evidence of our agreement to all its terms.

Dated: \_\_\_\_\_

Both parents sign:

Signed \_\_\_\_\_

Signed \_\_\_\_\_

# POWER TO AUTHORIZE MEDICAL TREATMENT

PLEASE INCLUDE A COPY OF INSURANCE CARD

I, the undersigned, as and/or legal guardian of \_\_\_\_\_ ("my child") do recognize that medical treatment may become necessary during my child's travel and participation with the **Mt. LaCrosse Ski Team and Mt LaCrosse** and to avoid delay of any necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, HEREBY EMPOWER the coaches and staff of Mt LaCrosse, or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of any hospital, medical doctor, emergency medical technician and/or other paramedic. This AUTHORIZATION is complete in and of itself and is fully operative upon my signature for the duration of my child's participation with the **Mt. LaCrosse Ski Team**.

Dated: \_\_\_\_\_

Both parents sign:

Signed \_\_\_\_\_

Signed \_\_\_\_\_