

# MT LA CROSSE SKI TEAM REGISTRATION FORM

(Please Print Clearly)

Today's Date:	
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## ATHLETE INFORMATION

Athlete's Last Name:		First:	Middle:	Years Skiing:	Years Racing:
USSA Number:	Mother/Guardian's Name:	Father/Guardian's Name:		Birth Date: / /	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<i>Mother's Information</i> Email address: Phone Number:		<i>Father's Information</i> Email address: Phone Number:		Home phone no.: ( )	
Street address:		City:	State:	ZIP Code:	
Athlete's Email:		Athlete's phone no.: ( )		Alternate phone no.: ( )	

## REGISTRATION INFORMATION

Please indicate which program you are registering for.  
Refer to the program description page for details or contact Marci Iverson, Head Coach.

<input type="checkbox"/> USSA Traveling Program \$1300*	<input type="checkbox"/> Training Only \$250	<input type="checkbox"/> MLST Try It Program \$150^	<input type="checkbox"/> High School Training \$250
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\*Includes \$500 fee for raffle tickets. All additional athletes from the same immediate family pay only the \$800 traveling fee. This includes all athletes who race USSA competitively.

^Includes training on Tuesdays and Thursday as well as one "Try It" USSA race; Available to first year athletes only.

**FULL PAYMENT, WAIVER, AND MEDICAL RELEASE ARE DUE PRIOR TO PARTICIPATION IN ON SNOW TRAINING PROGRAM.**

**Please return registration form and fee prior to November 30<sup>th</sup>. Registrations received after November 30<sup>th</sup> are subject to a \$50 penalty fee (this excludes first year families). Registration for the club is possible at any time during the season.**

Mt. La Crosse Ski Team accepts cash or checks *only*.  
If paying by check, please make check payable to: Mt. La Crosse Ski Team

**Please send registration form and payment to:**

Mt. La Crosse Ski Team  
c/o Marci Iverson  
1812 16<sup>th</sup> Street South  
La Crosse, WI 54601

For more information, current news and announcements throughout the season, check out our website:

[www.mtlacrosseskiteam.com](http://www.mtlacrosseskiteam.com)

Contact: Marci Iverson, Head Coach 608-498-5844 or [marci@mtlacrosseskiteam.com](mailto:marci@mtlacrosseskiteam.com)

### MEDICAL INFORMATION

(Please provide a copy of your insurance.)

Physician:	Hospital Preference:	Phone no.: (     )	
Insurance carrier:		Phone no.: (     )	
Subscriber's name:	Birth date: /    /	Group no.:	Policy no.:
Name of secondary insurance (if applicable):	Subscriber's name:	Group no.:	Policy no.:

### IN CASE OF EMERGENCY

Emergency Contact (if parents cannot be reached):	Relationship to athlete:	Home/Cell phone no.: (     )	Work phone no.: (     )
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### POWER TO AUTHORIZE MEDICAL TREATMENT

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. La Crosse Ski Team** 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 of the Mt La Crosse Ski Team, 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 I and of itself and is fully operative upon my signature for the duration of my child's participation with the **Mt. La Crosse Ski Team**.

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*

### RELEASE OF CLAIMS

We, \_\_\_\_\_ and \_\_\_\_\_ 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.

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*