

PINE MOUNTAIN SKI TEAM APPLICATION



Name _____
Address _____
City/State/Zip _____
Email Address _____
Parents _____ Phone # _____
Age Before 12/31/07 _____ M or F _____
Drug or Other Allergies _____
Current Medication(s) _____
Explain Allergies/Medications _____

Number of Years Racing _____ USSA Member? _____ License # _____
High School Team _____

Fees - \$75/racer, \$50 other family racers. Fees Paid _____
(Submit fees, payable to PMST, to: PMST N3332 Pine Mountain Road, Iron Mtn., MI 49801)

We, _____ and _____ parents or guardian of _____

a minor, understand that competitive racing, practicing for competitive ski racing and all the activities taking place in order to prepare for racing are dangerous and physically demanding and that serious personal injury or death is possible. We accept the inherent dangers of participation in such activity and hereby agree to allowing participation in such activity and hereby release the Pine Mountain Ski Team, a non-profit corporation, its incorporators, directors, and coaches, and any and all other present or future coaches, contractors, and all volunteers, who assist with the management or operation of either the corporation or its activities, in any way, Pine Mountain Resort, and agree to hold said parties free from any and all claims, demands, causes of action, and/or attorney 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 the release as evidence of our agreement to all its terms.

Date: _____ Parent Signatures: (1) _____ (2) _____

POWER TO AUTHORIZE MEDICAL TREATMENT

Insurance Company _____ Policy # _____

Doctor's Name and Phone # _____

I, the undersigned, as parent or guardian of _____ do recognize that medical treatment may become necessary during my child's travels and participation with the Pine Mountain Ski Team and to avoid delay of necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, **EMPOWER** the coaches and staff of Pine Mountain Ski Team or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of a 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 Pine Mountain Ski Team.

Date: _____ Parent Signature: _____