

AFTON ALPS USSA REGISTRATION FORM



PLAN: **A*** **B*** **C** **(please circle)**

(SEE LIST OF FEES AND INSTRUCTIONS on www.teamafton.com)

*Plans A & B include season pass (separate pass form required at Afton's office, or www.aftonalps.com)

Racers Name: _____

Address: _____ City/State/ZIP: _____

Date of Birth: _____ Email: _____

Parent Names: _____ email: _____

Phones: Home _____ Work _____ Cell _____

Address: _____ City/State/ZIP: _____

Emergency Contact: _____

Phones: Home _____ Work _____ Cell _____

Signature: _____ Date: _____

(For Plans A & B) I understand balance is due by January 2, 2008

TEAM AFTON USSA FEES

Checks payable to: **Afton Alps Ski Area, Inc.** Mailed to: Afton Alps USSA, 6600 Peller Ave S, Hastings, MN 55033

Visa/MC # _____ Exp. Date: _____ Amount: _____

For Plans A and B there is a \$100 discount if paid in full by 10/31/2007

SPECIAL NOTE: TEAM AFTON CLUB FEES require separate registration (all plans) and payment (plans A & B) (available at www.teamafton.com) Check for this should be made out to Team Afton Alpine Club in the amount of \$260.

AUTHORIZATION AND RELEASE

We, Mr. _____ and Ms. _____ Parents or guardians of:

_____ a minor, understand and are aware that competitive ski racing, including the additional activities taking place in order to prepare for ski racing are dangerous and physically demanding activities and that these activities involve a risk of serious injury to any and all parts of the body, including death. We freely and voluntarily assume and accept any and all risks of injury in such activities and do hereby allow his/her participation in such activities and do hereby release, indemnify and hold harmless Afton Alps Alpine Club of Minnesota (hereafter referred to as "Team Afton"), a non- profit corporation, and Afton Alps Ski Area Inc., and/ or their incorporators, directors, contractors, coaches, employees, agents or volunteers, from any and all responsibility or liability for injuries or damages to said minor, or to any other person, resulting from participation in ski racing and associated activities or otherwise resulting from the negligence or carelessness of Team Afton and/or Afton Alps Ski Area Inc. (excluding willful, wanton or intentional acts) and I/we accept the full responsibility for any and all damage or injury which may result.

I/we agree not to make a claim against or sue Team Afton, a non- profit organization, Afton Alps Ski Area Inc. and/or its employees or agents for injuries or damages relating to ski racing. I/we understand and agree that competitive ski racing activities includes transportation to and from such activities.

I/we have carefully read this agreement and release of liability and fully understand its content. I/we are aware that this is a release of liability between me/ourselves and Team Afton and Afton Alps Ski Area Inc. and I/we sign it of our own free will

Dated: _____ x: _____ x: _____

NOTE: Both parents must sign. If a parent or single permanent custodial parent is responsible, they must sign the following:

I represent to the parties released that I am the parent/legal authorized guardian of _____ and agree to all of the above release terms and conditions.

AUTHORIZATION OF MEDICAL RELEASE

I, the undersigned, as parent and/or legal guardian of ("my child") do recognize that medical treatment may become necessary during my child's travel and participation with Team Afton and Afton Alps Ski Area Inc.. And to avoid any necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, HEREBY EMPOWER the coaches and staff of Team Afton 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 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 in/with Team Afton and the Afton Alps Ski Area Inc.

Dated: _____ Mr. _____ Ms. _____

Insurance Company: _____ Policy #: _____

Doctors Name & Phone: _____