

Iola Winter Sports Club

Membership Form

Name: _____ Spouse: _____ Address: _____
City: _____ Zip Code: _____ Phone: _____ Email: _____

Membership: Single (\$75)___ Family(\$125)___ Donation(\$\$)___

Dependents (age 21 or younger):	Sex:	Age:	Date of Birth:	Youth Ski:	Ski Team:	Amount Paid:
_____	___	___	_____	_____	_____	_____
_____	___	___	_____	_____	_____	_____
_____	___	___	_____	_____	_____	_____
_____	___	___	_____	_____	_____	_____

Youth Ski: \$0/1st Child & \$5/Child Ski Team: MS: \$35 HS: \$50 Ski Team Gear Deposit: \$50

Please check activities you are interested in volunteering for throughout the year:

We ask that all members volunteer for one 4 hour shift during the Iola Car Show weekend, plus an additional activity. Thank you!

<input type="checkbox"/> Work in the chalet (Sat or Sun)	<input type="checkbox"/> Iola Norseman Challenge Ski Race (Last Sunday in Jan.)
<input type="checkbox"/> Make chili or soup	<input type="checkbox"/> Winter Carnival (1st Sun. in Feb.)
<input type="checkbox"/> Trail Maintenance	<input type="checkbox"/> Great Lakes Endurance Trail Run (mid-April)
<input type="checkbox"/> Hill Maintenance	<input type="checkbox"/> WORS Bike Race (1st weekend in May)
<input type="checkbox"/> Youth XC Ski/Ski Jumping	<input type="checkbox"/> Iola Car Show (weekend after July 4th)

Other: _____

Acknowledgement & Assumption of Risk and Release Statement

I, _____, am aware of the risks & hazards involving cross country skiing, snowshoeing, ski jumping and skiing in general. I agree to waive, release and discharge all claims for damages for death, personal injury or property damage which may occur as a result of participation in competitive events or training or recreational use of the facilities at Iola Winter Sports Club. Any person or entity identified above and I currently have and will maintain valid and sufficient medical and accidental insurance while involved in this program.

Signature: _____ Date: _____

Return to: IWSC, PO Box 405 Iola, WI 54945

Website: iolawintersportsclub.org and "Like" us on Facebook!

Workers - Please record the following information when accepting membership:

Amount Paid: _____ **Date:** _____ **Check#:** _____ **or Cash(X)** _____ **Your Initials:** _____