



## IOLA WINTER SPORTS CLUB YOUTH SKI LEAGUE

Child's Name: \_\_\_\_\_ (one child per form)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex(M or F) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_/ Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_ (for

reminders/cancellations due to weather conditions/trail conditions)

Please check (x) the activities you intend to participate in:

Cross Country \_\_\_\_\_

Ski Jumping \_\_\_\_\_ (fill out the USSA form release)

Nordic Combined \_\_\_\_\_ (ski jumping and cc, fill out the USSA form also)

Ski Jumpers and Nordic Combined must be registered with the USSA in order to compete in the WINTER CARNIVAL or other tournaments in the Region. There is no additional cost to you over and above the fee for the IWSC Youth Ski League but another form must be completed. The form and \$15.00 must be sent to the USSA Nordic Kids office in Park City, Utah. Forms are available at the clubhouse. Please complete the form and sign it. Give it to one of the YOUTH SKI LEAGUE volunteers along with this form.

You must read and sign the ASSUMPTION OF RISK AND WAIVER statements on this form.

**Acknowledgement & Assumption of Risk and Release statement:**

I, \_\_\_\_\_ am aware of risks and hazards involving cross country skiing, ski jumping, and skiing in general and I agree to waive, release and discharge any and all claims for damages for death, personal injury or property damage which may occur as a result of participation in competitive events or training, against any person or entity identified above or any official of the IOLA WINTER SPORTS CLUB or any volunteer involved with this program. I currently have and will maintain valid and sufficient medical and accident insurance while I am involved in this program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount : \_\_\_\_\_ (First child is free, \$5.00 each additional child)

Make check payable to IWSC.

