



2007 - 2008

*Last Year's Prices
Will be in Effect
Until October 7, 2007!*

PLEASE USE A SEPARATE REGISTRATION FOR EACH RACER

LAST NAME _____ FIRST _____

PARENT NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

PARENT PHONE _____

E-MAIL ADDRESS (required for updates) _____

BIRTH DATE _____ AGE (as of 12/31/07) _____

MALE _____ FEMALE _____ YEARS RACING _____ YEARS SKIING _____

PLEASE INDICATE PROGRAM CHOICE:

J4/J5/J6 USSA Racing	\$1,150.00	___
J3 USSA Racing	\$1,250.00	___
J1/J2 USSA Racing	\$1,450.00	___
Training ONLY	\$625.00	___

WATCH YOUR MAIL FOR INFO ON
WILD MOUNTAIN CAMPS:

THANKSGIVING 2007 NOV 23,24,25

CHRISTMAS 2007 DEC 26,27,28

MAKE CHECKS PAYABLE TO

NCASA

AND MAIL TO:

MARK LINDEMÉR
2337 CLEARWATER CREEK CIRCLE
LINO LAKES, MN 55038

**FULL PAYMENT, WAIVER, CONDUCT CONTRACT, AND MEDICAL RELEASE DUE
PRIOR TO PARTICIPATION IN PROGRAMS OR CAMPS**

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION FOR THE RIGHTS AND PRIVILEGES ASSOCIATED WITH PARTICIPATION IN THE NORTH CENTRAL ALPINE SKI ASSOCIATION CAMPS AND THE SPORTSHUT RACING TEAM (THE "PROGRAM"), I ACKNOWLEDGE AND AGREE TO BE BOUND BY THE FOLLOWING:

- IDENTIFICATION OF RISKS** I UNDERSTAND THAT PARTICIPATION IN ANY SKIING ACTIVITY, INCLUDING BUT NOT LIMITED TO PREPARATION FOR, PARTICIPATION IN, COACHING AND RELATED ACTIVITIES IN THIS ALPINE SKI RACING PROGRAM, INVOLVES RISKS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, DEATH, AND OTHER LOSSES, BOTH TO ME AND MY PROPERTY. I UNDERSTAND THAT THESE INJURIES AND LOSSES MIGHT RESULT NOT ONLY FROM MY ACTIONS, BUT THE ACTIONS, INACTIONS, OR NEGLIGENCE OF OTHERS.
- ASSUMPTION OF THE RISK** I AGREE THAT I AM RESPONSIBLE FOR MY SAFETY WHILE PARTICIPATING IN THE PROGRAM AND THAT SUCH RESPONSIBILITY INCLUDES PARTICIPATING IN THE PROGRAM ONLY: A) WHEN I AM BOTH PHYSICALLY AND PSYCHOLOGICALLY PREPARED TO PARTICIPATE SAFELY, B) AFTER FULLY FAMILIARIZING MYSELF WITH THE VENUE BEFORE BEGINNING THE PROGRAM, AND C) WHILE USING THE EQUIPMENT OF A TYPE AND CONDITION REASONABLY NECESSARY TO SAFELY PARTICIPATE IN THE PROGRAM, I ASSUME ALL RISKS CONNECTED WITH RESPONSIBILITY FOR ANY INJURY OR LOSS CONNECTED WITH MY PARTICIPATION IN THE PROGRAM.
- WAIVER** AWARE OF THE RISKS AND WILLING TO ASSUME THEM, I HEREBY WAIVE, RELEASE, AND HOLD HARMLESS THE NORTH CENTRAL ALPINE SKI ASSOCIATION, THE UNITED STATES SKI & SNOWBOARD ASSOCIATION, THE UNITED STATES SKI TEAM, THE UNITED STATES SKI COACHES ASSOCIATION AND EACH OF THOSE ORGANIZATIONS' AFFILIATES, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, COACHES, TRAINERS, DOCTORS, OFFICIALS, EVENT ORGANIZERS OR SPONSORS (RELEASE "PARTIES") FROM ALL CLAIMS BY ME FOR ANY LIABILITY, INJURY, LOSS OR DAMAGE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE PROGRAM, EXCEPT WHERE CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT OF ANY OF THE RELEASED PARTIES. I INTEND FOR THIS WAIVER AND RELEASE TO ALSO APPLY TO ANY RELATIVES, PERSONAL REPRESENTATIVES, HEIRS, BENEFICIARIES, NEXT OF KIN OR ASSIGNS WHO MIGHT PURSUE ANY LEGAL ACTION OR CLAIM ON MY BEHALF.
- APPLICABLE LAW** THIS WAIVER AND RELEASE INFORMED UNDER AND IS TO BE INTERPRETED CONSISTENT WITH LAWS OF THE STATE OF MINNESOTA.
- INSURANCE** I CURRENTLY HAVE, AND AGREE TO MAINTAIN THROUGHOUT THE TIME THAT I PARTICIPATE, VALID AND SUFFICIENT MEDICAL AND ACCIDENT INSURANCE. I UNDERSTAND THAT THIS IS MY SOLE RESPONSIBILITY AND RELEASE ALL PERSON AND ENTITIES FROM PROVIDING THIS COVERAGE FOR ME.

ATHLETE SIGNATURE _____ ATHLETES PRINTED NAME _____ DATE _____

FOR ATHLETES OF MINORITY AGE (IF THE ATHLETE IS LESS THAN 18 YEARS OF AGE, THEN A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW)

THIS IS TO CERTIFY THAT, AS PARENT/GUARDIAN OF THIS PARTICIPANT, I DO CONSENT TO HIS/HER AGREEMENT TO BE BOUND BY EACH OF THE TERMS AND CONDITIONS IDENTIFIED ABOVE.

PARENT/GUARDIAN SIGNATURE _____ PARENT/GUARDIAN PRINTED NAME _____ DATE _____

ATHLETE CONDUCT CONTRACT

IN CONSIDERATION FOR THE RIGHTS AND PRIVILEGES ASSOCIATED WITH PARTICIPATION IN THE NORTH CENTRAL ALPINE SKI ASSOCIATION AND THE SPORTSHUT RACING TEAM, I UNDERSTAND, ACKNOWLEDGE AND AGREE TO BE BOUND BY THE FOLLOWING:

- ALCOHOL AND TOBACCO** ATHLETES FOUND POSSESSING OR USING ALCOHOL AND/OR TOBACCO PRODUCTS WILL BE SUBJECT TO A MINIMUM TWO-WEEK SUSPENSION FROM ALL TEAM ACTIVITIES, TRAINING SESSIONS AND/OR RACES. A SUBSEQUENT OFFENSE MAY RESULT IN AN ADDITIONAL SUSPENSION AND/OR EXPULSION FROM THE SPORTSHUT RACING TEAM/NCASA WITHOUT PROGRAM/CAMP FEE REFUND.
- CONTROLLED SUBSTANCES** ANY USE OR POSSESSION OF ILLEGAL DRUGS BY AN ATHLETE WILL RESULT IN A MINIMUM SUSPENSION OF SIX MONTHS FROM ALL TEAM ACTIVITIES, TRAINING SESSIONS AND/OR RACES. ADDITIONAL SANCTIONS MAY BE IMPOSED UP TO AND INCLUDING EXPULSION FROM THE SPORTSHUT RACING TEAM/NCASA WITHOUT PROGRAM/CAMP FEE REFUND.
- DOPING** ANY ATHLETE WHO USES ANY SUBSTANCE OR MATERIAL, BY WHATEVER ROUTE INTRODUCED INTO THE BODY WITH THE SOLE OBJECTIVE OF ARTIFICIALLY INCREASING PERFORMANCE BEFORE OR DURING A COMPETITION IS CONSIDERED TO BE ENGAGED IN DOPING. POSSESSION OF, OR USE OF PERFORMANCE ENHANCING SUBSTANCES, WILL CONSTITUTE A VIOLATION OF THIS POLICY. VIOLATORS WILL BE SUBJECT TO IMMEDIATE EXPULSION FROM THE SPORTSHUT RACING TEAM/NCASA WITHOUT PROGRAM/CAMP FEE REFUND.
- APPEALS** AN APPEAL OF A SUSPENSION AND/OR EXPULSION MAY BE MADE IN WRITING TO THE SPORTSHUT RACING TEAM BOARD OF DIRECTORS. HOWEVER, THE FILING OF AN APPEAL SHALL NOT STAY THE SUSPENSION OR EXPULSION. THE BOARD MAY UPHOLD THE SUSPENSION AND/OR EXPULSION, OR MODIFY THE DECISION WITH TERMS AND CONDITIONS IT DEEMS APPROPRIATE. AN APPEAL SHALL BE CONSIDERED BY ANY THREE MEMBERS OF THE SPORTSHUT RACING TEAM BOARD OF DIRECTORS, AS APPOINTED BY THE PRESIDENT.

I UNDERSTAND THAT I MAY BE SUBJECT TO SUSPENSION AND/OR EXPULSION IF I AM FOUND IN VIOLATION OF ANY OF THE ABOVE POLICIES, AND THAT I HAVE THE RIGHT TO APPEAL.

ATHLETE SIGNATURE _____ ATHLETES PRINTED NAME _____ DATE _____

AS THE PARENT/LEGAL GUARDIAN OF THIS ATHLETE, I EXPLICITLY UNDERSTAND ALL OF THE POLICIES STATED ABOVE. IF MY ATHLETE IS FOUND IN VIOLATION OF ANY OF THE POLICIES STATED ABOVE, I EXPLICITLY UNDERSTAND THAT I MAY BE REQUIRED, UPON REQUEST, TO TRAVEL AT MY OWN EXPENSE (TO ANY LOCATION) TO ESCORT MY ATHLETE FROM THE EVENT IN WHICH HE OR SHE IS PARTICIPATING.

PARENT/GUARDIAN SIGNATURE _____ PARENT GUARDIAN PRINTED NAME _____ DATE _____

MEDICAL RELEASE

RACER/CAMPER NAME _____

MEDICAL INSURANCE COMPANY & POLICY # _____

ALLERGIES _____

KNOWN MEDICAL CONDITIONS _____

CURRENT MEDICATIONS _____

AS PARENT/GUARDIAN, I HEREBY AUTHORIZE THE NORTH CENTRAL ALPINE SKI ASSOCIATION, AND/OR THEIR NAMED COACHES, TO SECURE ANY HOSPITAL, MEDICAL, DENTAL OR SURGICAL CARE, TREATMENT AND/OR PROCEDURES FOR THE ABOVE NAMED RACER/CAMPER. I ALSO CONSENT THAT IN THE EVENT OF INJURY TO THE RACER/CAMPER, COACHES CAN SIGN FOR THE RACER/CAMPER TO RECEIVE CARE, TREATMENT AND/OR PROCEDURES, UNDER THE INSTRUCTIONS AND DIRECTIONS OF THE LICENSED PHYSICIANS ON CALL AT THE EMERGENCY ROOM OF THE NEAREST HOSPITAL OR EMERGENCY FACILITY. THE COACHES SHALL NOTIFY PARENT/GUARDIAN AT THE EARLIEST POSSIBLE TIME DURING OR AFTER SUCH CARE, TREATMENT, AND/OR PROCEDURES. PARENT/GUARDIAN KNOWINGLY AND VOLUNTARILY CONSENTS IN ADVANCE TO SUCH CARE, TREATMENT, AND/OR PROCEDURES TO ENCOURAGE THE PHYSICIANS AND COACHES TO EXERCISE THEIR BEST JUDGMENT AS TO THE REQUIREMENT OF SUCH CARE, TREATMENT, AND/OR PROCEDURES. PARENT/GUARDIAN SPECIFICALLY INDEMNIFIES AND HOLDS HARMLESS NCASA AND THEIR NAMED COACHES FROM ANY AND ALL COSTS ARISING OUT OF SUCH CARE, TREATMENT, AND/OR PROCEDURES.

PARENT/GUARDIAN SIGNATURE _____ PARENT/GUARDIAN PRINTED NAME _____ DATE _____