

GREAT DIVIDE SKI TEAM APPLICATION AND MEDICAL RELEASE FORM

Completion of these forms is required for all members of the Great Divide Ski Team. They must be given to a registrar, head coach or mailed to the Team P.O. Box before participating in training or races. Completed forms may be mailed to: Great Divide Ski Team, P.O. Box 480, Helena, MT 59624. Please note, USSA membership is required for 1 and 2 day racers to participate in any races.

Mark One: All Mountain Team \$175 __ Saturday Sunday 1-Day Racer \$530_ 2-Day Racer \$675 Thursday afternoon \$50.00__

NAME	Address
Birth date	City - Zip
Email Address	Telephone #
Father's Name	Mother's Name
Home Phone	Home Phone
Work Phone	Work Phone
Insurance Company	Policy Number
Allergies	Medication
Other Medical Information	USSA #

MEDICAL RELEASE

Parent hereby authorizes the Great Divide Ski Team/Belmont Ski Education Foundation and/or their named officials and coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the competitor named on the form above. Parent also consents that in the event of injury to the competitor, coaches and officials may sign for competitor to receive care, treatment, and/or procedures, under the instructions and directions of the physician on call at the emergency room of the nearest hospital or emergency facility.

The officials or coaches will notify Parent at the earliest possible time during or after such care, treatment, and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures, and encourages the physicians and coaches and officials to exercise their best judgement as to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless USSA Western Region, USSA Northern Division, and the Great Divide Ski Team/Belmont Ski Education Foundation and their officials and coaches from any and all costs arising from such care, treatment and/or procedures.

Fathers Signature

Mothers signature

Date

Date

USSA INSURANCE POLICY

FIS and USSA rules require that competitors be covered by valid and sufficient accident and medical insurance. Proof of this insurance must be carried by the racer and be available at each race so that prompt medical care can be obtained, if ever needed.

AGREEMENT

We have read and understood the insurance policy statement The insurance policy listed on the form above meets the requirements of the USSA Insurance Policy and will be maintained in force while the competitor is involved in a USSA Western Region and Northern Division, or Great Divide Ski Team/Belmont Ski Education Foundation camp, race or training, or while participating in any USSA Western Region or USSA Northern Division event. We agree that we will promptly reimburse USSA Western Region, USSA Northern Division and/or Great Divide Ski Team/Belmont Ski Education Foundation for any expense that officials or coaches incur on behalf of the competitor.

Competitor's Signature

Parents Signature

Date

Date