



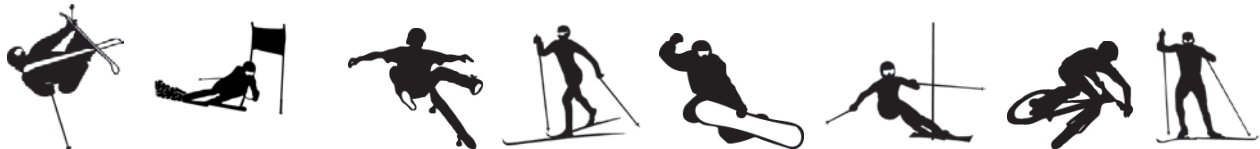
2009/10 Registration Checklist

- _____ JHSC Waiver & Release of Liability Form
- _____ Program Registration Form
- _____ Contact Information & Medical Release Form
- _____ JHSC Credit Card Authorization Form
- _____ Refund Policy
- _____ Parent/Athlete Agreement & Academic Release Form
- _____ Work Deposit Form

Full payment of program fees is due at registration (see form for details).
Cash, Check, Visa, Master Card or American Express accepted.

Forms and payment can be mailed or faxed to:

*Jackson Hole Ski & Snowboard Club
PO Box 461
Jackson, WY 83001
307-733-6433 (o)
307-733-2940 (f)*



Date Received _____		<u>Work Deposit</u>
Membership Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check # _____ (Postdated 4/12/2010)
Ski Pass Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	OR Credit Card on File
	For Office Use Only	<input type="checkbox"/> Yes <input type="checkbox"/> No



AGREEMENT RELEASE - Jackson Hole Ski & Snowboard Club

Release and Discharge, Acceptance of Responsibility and Acceptance Of Risks

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.
YOU MUST READ AND UNDERSTAND IT BEFORE INITIALING OR SIGNING IT.**

Name _____ If under age 18, name of guardian _____
Address _____

I, the above named person, being above age eighteen, or the legal guardian of the above named person who is under age eighteen, in consideration of participating in events sponsored or organized in any way by the Jackson Hole Ski and Snowboard Club, hereby acknowledge, agree and promise and covenant with the Jackson Hole Ski and Snowboard Club and all other persons or entities, and release and discharge the Jackson Hole Ski and Snowboard Club on behalf of myself, my heirs, my parents or guardians, assigns, personal representatives and estate as follows:

ACKNOWLEDGEMENT OF RISK

I understand and acknowledge that the activities in which I am participating and which I voluntarily engage in bear certain risks that could result in injury, death, illness or disease, physical or mental, or damage to my property. Among these risks are the following:

1. The nature of the activities themselves, skiing, racing, training and travel and any combination thereof ;
2. acts or omissions or negligence in any degree of the Jackson Hole Ski and Snowboard Club, its agents or employees, and other persons or entities;
3. the acts of other participants in these activities;
4. weather conditions;
5. contact with plants or animals;
6. my own physical condition, or my own acts or omissions;
7. condition of roads, trails, waterways or terrain, and accidents connected with their use and the use of vehicles of approach, including, but not limited to land vehicles, aircraft, fixed and rotary wing;
8. first-aid, emergency treatment or other services rendered;
9. consumption of food or drink.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, may also result in injury, death, illness or disease or damage to my property.

I have read this section & initial it to show that I understand & agree _____

I hereby voluntarily release and forever discharge the Jackson Hole Ski and Snowboard Club, its agents or employees, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to the activities in which I am participating, **including specifically, but not limited to, the negligent act or acts or omissions of the Jackson Hole Ski & Snowboard Club**, its agents, or employees, and other persons or entities, for all injury, death, illness or disease and damage to my property.

I further agree, promise and covenant to hold harmless and indemnify **the Jackson Hole Ski & Snowboard Club**, its agents or employees and all other persons or entities for any such injury, death, illness, disease or damage. I agree, promise and covenant not to sue, assert or otherwise maintain or assert any claim against **the Jackson Hole Ski & Snowboard Club**, its agents or employees, and all other persons or entities, for any injury, death, illness, disease or damage to my property, arising from the receipt of said grant or connected with my participation in these activities.

I have read this section & initial it to show that I understand & agree _____

ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AGREEMENT

I understand and acknowledge that by initialing and signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against **the Jackson Hole Ski & Snowboard Club**, its agents or employees, and other persons or entities, **including specifically, but not limited to, rights arising from the acts or omissions, and negligence in any degree, of the Jackson Hole Ski & Snowboard Club, its agents or employees, and all other persons or entities.**

It is agreed and understood by and between the parties that any legal dispute arising out of the Agreement is to be adjudicated under the laws of the State of Wyoming.

It is also agreed and understood by and between the parties that, if any Court should vacate or strike and portion of this Agreement, such vacating or striking will not effect any other portion of this Agreement.

I have read this section & initial it to show that I understand & agree _____

ENTIRE AGREEMENT

I understand that this is the entire agreement between me and the Jackson Hole Ski & Snowboard Club, its agents or employees, and it cannot be modified or changed in any way by the representations or statements of any employee or agent of the Jackson Hole Ski & Snowboard Club, or by me.

I have read this section & initial it to show that I understand & agree _____

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Participant _____	Participant _____	Parent or Guardian (if under age 18) _____
Date _____	Date _____	Date _____

2009/10 Jackson Hole Ski & Snowboard Club - Athlete Registration Form

Please Print Legibly.

Please indicate the athlete name in the column to the **left** of the program they are registering for.

Athlete Name	Program	Tuition if paid by 10/3/09	Tuition if paid by 11/13/09	Tuition if paid after 11/13/09	Tuition Amount
	Alpine				
	Next Generation Skiers (NGS)	\$400	\$400	\$400	
	J6 Team – Intro to Racing	\$720	\$770	\$820	
	J5 Team : Home Team	\$1,045	\$1,095	\$1,145	
	J4 Team : Home Team	\$1,340	\$1,390	\$1,440	
	J4/J5 Additional Dryland Option	\$200	\$200	\$200	
	J4/J5 Intermountain Travel Team	\$2,095	\$2,145	\$2,195	
	J3 Team	\$2,900	\$2,950	\$3,000	
	J1/J2 Team	\$4,400	\$4,450	\$4,500	
	Post Graduate Program	\$6,000	\$6,000	\$6,000	
	Master’s Racing Program	\$1,500	\$1,500	\$1,500	
	Freeride				
	Freeride Skiing Devo Team	\$1,025	\$1,075	\$1,125	
	Freeride Skiing Training Team	\$1,550	\$1,600	\$1,650	
	Freeride Skiing Additional Training at JHMR	\$365	\$365	\$365	
	Freeride Skiing Competition Team	\$2,730	\$2,780	\$2,830	
	Freeride Skiing for Alpine & Nordic Athletes	\$445	\$495	\$545	
	Snowboard Next Generation Snowboarders (NGS)	\$400	\$400	\$400	
	Snowboard Shredder Team	\$595	\$645	\$695	
	Snowboard Devo Team	\$1,025	\$1,075	\$1,125	
	Snowboard Training Team	\$1,550	\$1,600	\$1,650	
	Snowboard Additional Training at JHMR	\$365	\$365	\$365	
	Snowboard Competition Team	\$2,730	\$2,780	\$2,830	
	Nordic				
	Teewinot	\$285	\$285	\$285	
	Development Team	\$580	\$630	\$680	
	Equipment Lease Fee *Optional*	\$40	\$40	\$40	
	Junior Nordic Team	\$1,020	\$1,070	\$1,120	
	Junior Nordic Team Shuttle Fee * Optional*	\$80	\$80	\$80	
	Intermountain Race Team – Full Year	\$2,200	\$2,250	\$2,300	
	Intermountain Race Team – Fall Program	\$515	\$515	\$515	
	Intermountain Race Team – Winter Program	\$1,290	\$1,290	\$1,290	
	Jackson Hole High School Team	\$200	\$200	\$200	

Total Program Fees: \$ _____

		Ski Passes							
		Jackson Hole Mountain Resort - Full Mountain Pass					\$452.20		
		Jackson Hole Mountain Resort - Weekend Pass					\$200		
		Scholarship Donation							
		Tax Deductible					Any amount		
		Sweatshirts - \$35 each (please indicate quantity)							
	Youth Small	Youth Medium	Youth Large	Youth X-Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Total Cost
Alpine									
Freeride									
Nordic									

Total Optional Fees: \$ _____

Total Payment: \$ _____
 **If paying by credit card, please complete the credit card authorization form attached.



2009/10 Jackson Hole Ski & Snowboard Club
Athlete Parent Contact Information and Medical Release Form

Please Print Legibly.

Athlete Name
Athlete Email
Birthdate / / Age on 12/31/09
Athlete Cell Gender M F
School Grade
Medications Taken
Athlete Allergies
Athlete Physician
Phone
Athlete Dentist
Phone

Athlete Name
Athlete Email
Birthdate / / Age on 12/31/09
Athlete Cell Gender M F
School Grade
Medications Taken
Athlete Allergies
Athlete Physician
Phone
Athlete Dentist
Phone

Primary Parent Contact

Secondary Parent Contact (required for dual households)

Parent Name
Mailing Address
City, State, Zip
Parent Email
Phone 1
Phone 2
Phone 3

Parent Name
Mailing Address
City, State, Zip
Parent Email
Phone 1
Phone 2
Phone 3

Insurance Information

Policy Holder's Name Insurance CO Name
Insurance CO Address
Insurance CO Phone Policy #

REQUIRED - Emergency Contact Phone

I, _____, hereby authorize the Jackson Hole Ski & Snowboard Club, and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for _____.

The coaches shall 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 to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures.

Participant Date Participant Date Parent or Guardian (if under age 18) Date

CREDIT CARD AUTHORIZATION

Mandatory for all traveling athletes



Credit Card Number

____/____/____
Expiration Date

Name on Credit Card

I _____, hereby authorize Jackson Hole Ski & Snowboard Club to charge my card for all applicable fees.

Account Holder Signature

____/____/____
Date

PROGRAM FEE REFUND POLICY

Payment of program fees and charges for each athlete for the full season is unconditional.

NO REFUND for program fees will be issued after January 15th.

Exceptions, prior to January 15th, are as follows:

- ❖ Injury or other medical reason
- ❖ Relocation of family
- ❖ Coach or Club recommendations

If separation should occur for any of the causes stated above, the program fees less an enrollment deposit (\$100) and the Membership fee (\$30) will be refunded on a prorated basis (beginning from published program start date). Fees will be prorated from the date which written notification is received to the end date of the athlete's program.

Refund requests must be submitted in writing to Program Director and Executive Director.

I have read this section & initial it to indicate that I understand & agree _____

ATHLETE/PARENT AGREEMENT

I have read and fully understand the Parent / Athlete Handbook. (Available online at www.jhskiclub.org).

I agree to abide by all policies within the Handbook

I have read this section & initial it to indicate that I understand & agree _____

ACADEMIC INFORMATION RELEASE

I have read and fully understand the Academic Policies of the Jackson Hole Ski & Snowboard Club. I understand the Club's need for access to my/my child's records, and I grant permission to the Jackson Hole Ski & Snowboard Club personnel to access my/my child's academic records at the Teton County School District #1, the Journeys School, and/or the Jackson Hole Community School (academic clearance generally applies to traveling athletes).

I have read this section & initial it to indicate that I understand & agree _____

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Parent/Legal Guardian Signature

____/____/____
Date



2009/10 Jackson Hole Ski & Snowboard Club

Work Deposit Program

Please submit this with your Registration Packet

The Work Deposit Program requires a minimum time commitment from each family. Your volunteer hours ensure the continued success of our fundraising events and races. The athlete subsidy is generated by revenue from all fundraising events. We greatly appreciate your time and commitment! Thank you!

Please select one option:

- I DO want to volunteer time towards my work deposit. Please contact me.
- I wish to donate my work deposit to JHSC, but would still like to support the Club by volunteering.
- I wish to donate my work deposit to JHSC. Please DO NOT contact me.

Work Deposit Requirements:

Discipline	Team	Deposit	# of days equivalent
Alpine	J1/J2 Team	\$500	4
	J3 IMD Team	\$500	4
	J4 Race/J3 Home Team	\$375	3
	J5 Team	\$250	2
	J6 Team	\$250	2
Nordic	Intermountain Team	\$375	3
	Junior Nordic Team	\$375	3
	Development Team	\$125	1
	Teewinot Team	\$125	1
Freeride	SB Competition	\$250	2
	SB Training	\$250	2
	SB Devo Team	\$125	1
	SB Shredder Team	\$125	1
	FR Training	\$250	2
	FR Devo	\$125	1

Families with multiple athletes only need to complete the work deposit for the athlete with the highest level of commitment.

2009/10 _____ Commitment _____ # of days.

Parent's Name: _____

Parent's Email: _____

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Parent/Legal Guardian Signature

Date

Steps to fulfilling your commitment:

1. Indicate your interest below or sign up in the Volunteer sign-up book located at the JHSC offices.
2. You will be contacted by the event chair prior to the event to confirm your responsibilities and time commitment.
3. Your completed work will be updated in the Volunteer Center of our website (www.jhskiclub.org)
4. Any outstanding work deposits will be billed to your account on April 12, 2010.

Please check as many as you like. Please note that this form is **NOT** a formal sign-up. You are only indicating interest and your availability. All dates are subject to change.

We request that you sign up for one of the following, our most volunteer-intensive events.

Month	Date	Event	Location	Interest
February	4-7	Wild West Classic Elite FIS Series	Snow King	
March	27	Pole Pedal Paddle	JHMR	

Volunteer Opportunities:

Month	Date	Event	Location	Interest
October	24	Trail Creek Clean Up*	Trail Creek	
November	6-7	JHSC Ski Swap*	Heritage Arena	
December	11-14	Western Junior FIS Race	Snow King	
January	2	Club Series GS	Snow King	
	9-10	Sean Nurse Memorial Slaloms	Snow King	
	16-18	Open Series Super Gs	JHMR	
	23	Club Series GS	JHMR	
	30-31	Masters Race 2GS	Snow King	
February	13	Moose Chase Marathon	JHMR	
	13-14	Possible Training Race for US Ski Team	Snow King	
	20	Club Series SL	Snow King	
March	13-14	Town Downhill	Snow King	
	19-21	IMD Champs	Snow King	
	20	Club Series Championship Stubby SL	JHMR	

**Ski Swap & Trail Creek Clean-Up Day only count for one volunteer day per family.*

Form must be submitted with postdated check or completed JHSC credit card authorization.