

SNOWBIRD SKI CLUB, INC.
Membership Application

I hereby grant permission for the below named child to join the Snowbird Ski Club, Inc. for the ski season beginning **November 1** and ending **April 30**. The member and I agree to comply with and be bound by the Articles of Incorporation, Bylaws and policies, rules and regulations adopted at any time by the Ski Club in accordance with its Bylaws. **The \$50 membership dues for this year are paid herewith.**

I acknowledge that the enrolled member will be riding on a bus to various ski areas in Illinois, Iowa, and Wisconsin. I understand that if the member does not behave in a reasonable and cooperative manner that he/she will not be able to participate in any further ski trips with the Snowbird Ski Club, Inc. This is to be determined by the Ski Club Director. In the event the Ski Club does not accept this application, the membership dues paid herein shall be refunded.

Previous Club Name _____ Circle one: **Skier** **Snowboarder** **Both**

MEDICAL AND HEALTH INFORMATION
Club members must have their own health and accident insurance.

Member Name _____ Date of Birth _____ Grade _____

Address _____ City _____ Zip _____

Parents' Names _____ Home Phone _____

Employer _____ Business Phone _____
(Insurance Policyholder's)

Cell Phone _____ Pager _____

E-mail Address _____

Emergency Contact 1 _____ Phone _____
(Must be reachable on trip days)

Emergency Contact 2 _____ Phone _____
(Must be reachable on trip days)

Medical Insurance Plan _____ Policy Number _____ ID _____

Policyholder Name _____ SSN _____ Member SSN _____

Family Doctor's Name _____ Phone _____

Allergic to any drugs? YES _____ NO _____ Which ones _____

Any other allergies? _____ Last tetanus shot _____

Currently taking any medications? YES _____ NO _____ What _____

Currently in rehabilitation of any injuries? YES _____ NO _____ Prognosis _____

LIABILITY AND MEDICAL RELEASES

1. I hereby acknowledge the inherent dangers and risks of personal injury involved in the sport of skiing and snowboarding. I understand that protective equipment may reduce but not eliminate the risk of injury. I assume any and all risks of personal injury to the enrolled member while participating in the activities of Snowbird Ski Club.
2. I hereby release Snowbird Ski Club and any other sponsors, chaperones or agents, from any liability arising out of a personal injury wherein the personal injury was the result of an activity conducted as part of the usual activities of Snowbird Ski Club. I agree to assume full responsibility for the actions undertaken by _____, which may cause damage or harm to others during Snowbird Ski Club functions.
(Member Name)
3. I hereby grant my permission for the directors, chaperones and supervisors of Snowbird Ski Club to obtain emergency medical treatment and surgery for _____ in case of injury or illness.
(Member Name)

Accepted By _____ Date _____
(Signature of Parent or Legal Guardian)