

MT LA CROSSE SKI TEAM 2017-2018
(La Crosse Area Youth Ski Association)

REGISTRATION FORM

(Please Print Clearly)

Today's Date: _____

ATHLETE INFORMATION

Athlete's Last Name:	First:	Middle:	Years Skiing:	Years Racing:
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USSA Number:	Birth Date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Father/Guardian's Name:	Mother/Guardian's Name:
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<i>Mother's Information</i> Name: Email address: Phone Number:	<i>Father's Information</i> Name: Email address: Phone Number:
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Street address:	City:	State:	ZIP Code:
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Athlete's Email:	Athlete's phone no.: ()	Home phone number: ()
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REGISTRATION INFORMATION

Please indicate which program you are registering for.
 Refer to the program description page for details or contact Steve Mikkelson, Head Coach.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling \$1600	F.I.S. \$1950	Training only 4 weekdays \$450	High School training 4 weekdays \$350	Training only & Pinski/Benjamin Cup + train 4 weekdays \$650	D-Team \$300*	D-Team & Pinski/Benjamin Cup \$450**	Add weekend training \$200

Racers cannot purchase coaching for individual races.
 *Includes training on Tuesday and Thursday. Please see the program for details.
 ** Includes training on Tuesday and Thursday plus coaching at Pinski/Benjamin Cup Series Races. Races TBA.
 Traveling and FIS includes 4 weekday training and weekend training.

FULL PAYMENT, WAIVER, AND MEDICAL RELEASE ARE DUE PRIOR TO PARTICIPATION IN ON SNOW TRAINING PROGRAM.

Please return registration form and fee prior to November 15th. Registrations received after November 15th are subject to a \$100 penalty fee (this excludes first year families). Registration for the club is possible at any time during the season.

Mt. La Crosse Ski Team accepts cash or checks *only*.
 If paying by check, please make check payable to: Mt. La Crosse Ski Team

Please send registration form and paymentto:

MLST
 c/o Charlie Smith
 W5387 Horseshoe Pl
 La Crosse, WI 54601

For more information, current news and announcements: www.MtLaCrosseSkiTeam.com
 Contact: Steve Mikkelson, Head Coach 608-792-4729 or smikkelson@mcelroymetal.com

MEDICAL INFORMATION

(Please provide a copy of your insurance.)

Physician:	Hospital Preference:	Phone no.: ()	
Insurance carrier:		Phone no.: ()	
Subscriber's name:	Birth date: / /	Group no.:	Policy no.:
Name of secondary insurance (if applicable):	Subscriber's name:	Group no.:	Policy no.:

**If there are any known illnesses, injuries or health concerns which may affect participation, please include the information on an attached document.*

IN CASE OF EMERGENCY

Emergency Contact (if parents cannot be reached):	Relationship to athlete:	Home/Cell phone no.: ()	Work phone no.: ()
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POWER TO AUTHORIZE MEDICAL TREATMENT

I, the undersigned, as and/or legal guardian of _____ ("my child") do recognize that medical treatment may become necessary during my child's travel and participation with the **La Crosse Area Youth Ski Association**, hereby referred to as "LAYSA," and to avoid delay of any necessary medical treatment and/or that which would alleviate physical discomfort attendant to physical injury, HEREBY EMPOWER the coaches of the LAYSA, or other designated persons to authorize on my behalf recommended medical treatment of my child by any staff member of any hospital, medical doctor, emergency medical technician and/or other paramedic. This AUTHORIZATION is complete I and of itself and is fully operative upon my signature for the duration of my child's participation with the **LAYSA**.

Patient/Guardian signature

Date

Patient/Guardian signature

Date

RELEASE OF CLAIMS

We, _____ and _____ parents or guardians of

_____ understand that competitive ski racing, practicing for ski racing and all of the activities taking place in order to prepare for ski racing are dangerous and physically demanding activities and that serious personal injuries a possibility. We accept the inherent dangers of physical participation in such activities and do hereby agree to allow his/her participation in such activities and do hereby release the **La Crosse Area Youth Ski Association, its incorporators, directors, contractors, and coaches, Mt La Crosse, and any and all other present or future employees, coaches, contractors, and all volunteers**, who are assisting with the management or operation of either Corporation or its activities, in any way, and agree to hold said parties free from any and all claims, demands, causes of action, and/or attorneys fees arising out of or in any way related to any personal injury or property damage sustained by/to our child while being transported to or from such activities or while involved in such activities.

We have read and understand this release and voluntarily, willingly, and knowingly, have signed this release as evidence of our agreement to all its terms.

Patient/Guardian signature

Date

Patient/Guardian signature

Date