

New York State Ski Racing Association - Nordic, Inc

2006 - 2007 Membership Application

Individual family members must fill out a separate form using same address.

<input type="checkbox"/> Renewal Membership	NYSSRA Number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input type="checkbox"/> New Membership	

Last Name _____ **First** _____ **MI** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____ **Gender** **M** **F**

Date Of Birth _____ / _____ / _____

Local Club(s) _____

e-mail Address _____ @ _____

Please indicate preference – I would like to receive my newsletter:

<input type="checkbox"/>	Via regular mail (USPS)
<input type="checkbox"/>	Via e-mail (newsletter maintained on the web site. E-mail notices are sent to those requesting this option.)

Age Division: (check one)

Youth (BKYSL) <input type="checkbox"/>	Scholastic <input type="checkbox"/>
Open <input type="checkbox"/>	Masters <input type="checkbox"/>
Cross Country <input type="checkbox"/>	Ski Orienteering <input type="checkbox"/>
Nordic Combined <input type="checkbox"/>	Telemark <input type="checkbox"/>
Ski Jumping <input type="checkbox"/>	

Each member must complete the waiver and release of liability below

In consideration for the rights and privileges associated with membership in the New York State Ski Racing Association - Nordic, Inc. I acknowledge and agree to be bound by the following:

- 1 Identification of Risks. I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross country ski competitions and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inaction's or negligence of myself or others.
- 2 Assumption of the Risk. I agree that I am responsible for my safety while participating in activities associated with NYSSRA-Nordic, Inc., and that such responsibility includes participation only; a) when I am both physically and psychologically repaired to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.
- 3 Waiver. Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the New York State Ski Racing Association - Nordic, Inc., its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with NYSSRA-Nordic, Inc., 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 may pursue any legal action or claim on my behalf.
- 4 Insurance. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

_____ **Member Signature** _____ **Date** _____

For Members of Minor Age: This is to certify that, as parent/legal guardian of this above named minor, I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

_____ **Parent / Guardian Printed Name** _____

_____ **Parent / Guardian Signature** _____ **Date** _____

Remittance:

	YOUTH (BKYSL), Age 13 or younger \$15
	INDIVIDUAL \$20 before 12/1; \$25 after
	FAMILY \$40 before 12/1; \$45 after
	INDIVIDUAL LIFE MEMBERSHIP \$400
Membership Dues: \$ _____	
Donation for Junior Development: \$ _____	
Total Enclosed \$ _____	

**Make checks payable to NYSSRA-Nordic, Inc. and mail to:
NYSSRA-Nordic, PO Box 157, Corinth, N Y 12822-0157.**