

Kirkwood Ski Education Foundation 2017/2018 Masters Registration Form

Athlete's Name _____ Age _____ Birth Date _____
 Mailing Address _____ Height _____ Weight _____
 _____ Sex _____
 E-Mail Address _____
 Home Phone # _____ Kirkwood/Weekend Phone # _____
 Work # _____ Cell # _____
 Have you been a member of KSEF before? _____ How Long _____
 Applying for participation in: _____ Ski Jacket size: _____

Check	Program	Program Cost
	Masters Ski Race Program (Paid by 10/10/17)	\$ 950.00
	Masters Program (Paid after 10/10/17)	\$ 1050.00
	Holiday Training Camp--12/22/17-1/8/18 (Included with Team tuition)	\$ 550.00

** Athletes will incur all traveling expenses. Helmets are required for KSEF participation.

Tuition and Payment Schedule

Note: All tuition payments are non-refundable.

Before participation and training is allowed:

- Full tuition must be paid by start of program or prior to participation or use of gate training.
- Waiver and Medical Release form must be filled out in full, signed and returned with registration form.
- Please make check payable to KSEF and mail to, **Jim Reilly, 365 Ranchitos del Sol, Aptos, CA 95003.**
- For Masters athletes racing in USSA, all required USSA and Far West Memberships must be mailed in before October 10, 2017.

ermine qualification and eligibility for participation in KSEF Programs.

 Signature Date

Please tell us about any additional information we should be aware of:

Kirkwood Ski Education Foundation

MEDICAL RELEASE FORM

Please read carefully before signing

To Participate in KSEF ski programs all athletes are required to have health and accident insurance and are required to wear a Helmet at all times while participating in KSEF activities.

Athlete's Name

Birth date

Address

Home Phone

Parents /Guardians (Father)

(Mother)

Work Phone

Work Phone

INSURANCE COVERAGE

Insurance Company Name and Address

Policy Number

Identification Number

Policy Expiration Date

Insurance Company Phone Number

ATHLETE MEDICAL RELEASE

I am the parent/guardian of _____ and I hereby authorize the Kirkwood Ski Education Foundation (KSEF) and its coaches or representatives, to secure any hospital, medical, dental, or surgical care, treatment and/or procedures for the athlete. Parent/Guardian also consents that in the event of injury to the athlete, coaches or representatives can sign for the athlete to receive care, treatment, and/or procedures, under the instructions and directions of licensed physicians on call at the emergency room of the nearest hospital or emergency facility. KSEF coaches or Medical Personnel shall notify Parent/Guardian at a reasonable time concerning such care, treatment, or procedure. Parent/Guardian knowingly and voluntarily consents in advance to such care, treatment, or procedure in order to encourage physicians and coaches to exercise their best judgment concerning the requirements of such care, treatment, or procedure. I specifically agree to INDEMNIFY, HOLD HARMLESS AND RELEASE FROM LIABILITY KSEF and Kirkwood Resort Co., including all coaches, employees and representatives from all their costs, claims, or damages of any kind, arising out of such care, treatment, or procedures. I am responsible for the athlete obtaining Physical, Impact Testing and Eye Examinations prior to participation in any KSEF Programs.

Parent/Guardian Signature

Date

Please list any allergies/medical conditions that we should be aware of: