

# Kirkwood Ski Education Foundation 2023/2024 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 9/30/23)	\$ 1,750.00
	Masters Program (Paid after 9/30/23)	\$ 1,950.00
	Holiday Training Camp--12/16/23-12/31/23 (Included with Team tuition)	\$ 1,200.00

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

## Tuition and Payment Schedule

**Note:** All tuition payments are non-refundable. Tuitions must be paid prior to participation in KSEF masters training. It is mandatory for masters racers to obtain USSS membership for participation in Far West Masters races.

### 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 1, 2023.

**KSEF reserves the right to determine qualification and eligibility for participation in KSEF Programs.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
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 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. Participant also consents that in the event of injury 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 Emergency Contact at a reasonable time concerning such care, treatment, or procedure. I specifically agree to INDEMNIFY, HOLD HARMLESS AND RELEASE FROM LIABILITY KSEF and Kirkwood Mountain Resort, including all coaches, employees and representatives from all their costs, claims, or damages of any kind, arising out of such care, treatment, or procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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