



USCSA INDIVIDUAL COMPETITOR NATIONAL REGISTRATION FORM

Mail to: USCSA National Office, PO Box 180/ 320 Stage Road, Cummington, MA 01026 Voice: (413) 634-0110 Fax: (413) 634-5046



Instructions: All of the following items of information must be completed in order to compete in USCSA governed competition. Each USCSA race participant is required to compete, sign, and submit this form to the USCSA National Office.

PLEASE PRINT OR TYPE ALL INFORMATION

Name of School City State

Last Name First Name

Address During School Year E-mail Address

City State Zip Code Area Code Phone Number

Permanent Home Address [ ] Check Box if Same As Above

Address

City State Zip Code Area Code Phone Number

Year in School Sex [ ] M [ ] F [ ] Alpine Competitor [ ] Nordic Competitor [ ] Snowboard Competitor

FR SO JR SR Other Age Past Seasons of College Competition

Emergency Contact Information

Name of parent or guardian Area Code Phone Number

Code of Conduct on Restricted Substances: I understand that by virtue of my membership in USCSA, I may be required to participate in competition substance testing. By signing below, I agree to abide by and/or participate in such programs. I understand that failure to participate in competition substance testing will result in a sanction.

Competitor Signature Date

NOTE: If you do not fully accept the conditions stated below, YOU ARE requested NOT TO PARTICIPATE in any event of the United States Collegiate Ski & Snowboard Association or its regional conferences.

I, the undersigned, and if a minor at the time of signing co-signed by a parent or legal guardian, understand that Alpine skiing, Nordic skiing and Snowboarding are action sports carrying significant risk of personal injury. Snowsport Competition is even more dangerous. I understand that there are natural and manmade obstacles or hazards, surface and environmental conditions and risks which in combination with my actions can cause me VERY SERIOUS INJURY or even DEATH. I ALSO assume FULL RESPONSIBILITY for carrying sufficient PERSONAL ACCIDENT and health insurance to meet those contingencies, and if not, that I'm requested not to participate. In the event of injury, I hold harmless my coaches, college, the USCSA Conference, the USCSA and its regional race officials, the USCSA and its officials, the hosting ski club, ski area or resort and its staff and any supporting sponsors.

NOTE: Send original copy to USCSA National Office; Make a copy for your team records.

I hereby indicate that I am covered by personal health and accident insurance.

Name of insurance carrier Telephone Number

Competitor Signature Date

Parent or Guardian if Legally a Minor

Date

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Witness (Coach or Captain of Team)

Date