

Parent's Signature (if racer under 18)

Date



FAR WEST SKIING - MEDICAL RELEASE – 2009/2010

THIS FORM ONLY NEEDS TO SENT IN ONE TIME A SEASON UNLESS INFORMATION CHANGES

Athlete Information / All information must be completed

Name _____ Address _____

Birth Date _____ City, State, Zip _____

Telephone _____ Cell Phone _____

E-Mail Address _____ Club Affiliation _____

USSA Member # _____ FIS # _____

Father _____ **Mother** _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Insurance Coverage

Company _____ Identification # _____

Policy Number _____ Expiration Date _____

Medical History

Allergies _____

Medication _____

Other Medical Information _____

Athlete Medical Release

Parent hereby authorizes USSA/Far West, and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility.

The coaches shall notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless U. S. Skiing, USSA/Western Region and USSA/Far West, and its coaches from any and all costs arising out of such care, treatment and/or procedure.

Parent Signature

Date

Waiver and Release of Liability

We acknowledge that skiing, ski racing and related activities are hazardous activities and that _____ has made a voluntary choice to participate in those activities despite the risks that they present. These risks include, but are not limited to, serious personal injury and accidental death.

For the consideration of ski racing instruction and training performed by USSA/Far West, we, the parents or legal guardians of _____ do hereby agree to assume any and all risks of injury or death associated with my child's participation to the fullest extent allowed by law. We agree to release from liability, indemnify, defend and hold harmless USSA, USSA/Far West and any of their employees, or volunteer workers for any injuries sustained by our child or ward herein named above occurring out of activities of ski racing instruction, racing or traveling to and from races or training camps.

Athlete's Signature

Date

Father's or Guardian's Signature

Date

Mother's or Guardian's Signature

Date

USSA Insurance Policy

FIS and USSA rules require that competitors be covered by valid and sufficient accident insurance. Proof of this insurance must be carried by the racer and be available at each race or camp so that prompt medical care can be obtained, if ever needed.

Agreement

We have read and understood the Insurance Policy statement. The insurance policy listed on this form meets the requirements of the USSA Insurance Policy and will be maintained in force while the competitor is involved in a USSA/Far West camp or team or while participating in any event on a U.S. Skiing or USSA/Far West quota. We agree that we are responsible for any and all medical charges and we agree that we will promptly reimburse USSA and USSA/Far West for any expenses that they or their coaches incur on behalf of the competitor.

Athlete's Signature

Date

Parent's or Guardian's Signature

Date

MAIL OR FAX THIS PAGE TO:

**Far West Skiing
Attn: Lucy Schram, Administrator
18635 Alexandra Way
Grass Valley, Ca 95949
Email: lucy@fwskiing.org
Fax # (866) 739-2993**