



## PNW Competitor Contact Information Form

2023 - 24

Name \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ USSA #: \_\_\_\_\_ FIS #: \_\_\_\_\_

**Coat Size:** circle one XXL XL L M S XS    **Circle one:** Men's sizing or Women's sizing

Please list your **Winter** mailing address:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Team \_\_\_\_\_ Ski Area \_\_\_\_\_

Coach \_\_\_\_\_ Coach Phone \_\_\_\_\_

Coach E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_



**PNW MEDICAL RELEASE**

**2023 - 24**

WE DO HEREBY AUTHORIZE any licensed physician and/or responsible staff member of any hospital in any state to administer whatever medical or surgical treatment, or therapeutic procedures they deem necessary for the diagnosis and treatment of \_\_\_\_\_ (THE SKIER). We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction or supervision of such physician or hospital staff person. This release is valid for the period from July 1, 2023 to June 30, 2024.

Every effort is made to contact parents or legal guardians of SKIER in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment. Therefore, we suggest that parents fill out this form and send it to the PNW Office.

SKIERS WHO WISH TO TRAVEL AS PART OF THE DIVISIONAL TEAM MUST SUBMIT THIS COMPLETED FORM.

INSURANCE CO.: \_\_\_\_\_ POLICY # \_\_\_\_\_

Please list any medical conditions your racer has that the Coaching Staff should be aware of. (Drug Allergies, Diabetes, Heart Trouble, Asthma, Medications, Injuries, Food Allergies, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of Emergency, please notify:

NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

DATED: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent or Guardian)                      (Signature of the Skier / Athlete)

ADDRESS: \_\_\_\_\_ Phone (Wk) \_\_\_\_\_

\_\_\_\_\_ Phone (Hm) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_



## SKI SCHOOL RELEASE OF LIABILITY

- 1) I am aware that skiing/snowboarding is a hazardous sport that includes certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing/snowboarding and in the ski area/mountain environment.
- 2) I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
- 3) I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY PNSA Ski School and the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN Ski Area(s) and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for any injury or damage resulting from any cause, including negligence, which arises out of participation in or travel to and from PNSA Ski School. This Release is also binding as to any other persons, including all family members, heirs, and executors.
- 4) *If you are enrolling a minor child in ski school, please read and understand the following: As part of ski school instruction and skiing/snowboarding, your child will ride the chairlifts. The ski school and/or ski area cannot guarantee that your child will ride the chair lift with any particular person. Your child may ride the lift with a student, instructor, a member of the public or may ride the lift alone. If this is not acceptable, please do not enroll your child in ski school. By enrolling your child in ski school, you understand and agree to have your child ride the lift with another ski school student, a member of the public, with an instructor or alone.*
- 5) If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from PNSA Ski School. I also agree to RELEASE, HOLD HARMLESS AND INDEMNIFY the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN Ski Schools/Clubs for any claims brought by or on behalf of the minor.

Student \_\_\_\_\_

Date \_\_\_\_\_

DOB                                    /   /

\_\_\_\_\_  
Parent/Legal Guardian if under 18 yrs. of age

Date \_\_\_\_\_

Print Parent/Legal Guardian name here: \_\_\_\_\_

Please return this form to the PNW office via email or USPS.

Email = [pnsa@pnsa.org](mailto:pnsa@pnsa.org)

USPS = 1329 Section Ave. Quincy, WA 98848