

Sean Cassily, Head Coach 779.3729

Sanjay Poovadan, Chair 779.1021

Tim Gaffney, Vice Chair 377.5968



Taos Sports Associates

P.O.Box 3011

Taos, NM 87571

taosskiteam.com

email sean@taosskiteam.com

ALPINE ATHLETE REGISTRATION FORM 09-10

ATHLETE NAME: _____

USSA#: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

SCHOOL: _____

SCHOOL SKI DAYS/DATES: _____

NUMBER OF YEARS ON THE SKI TEAM: ____

PARENT INFO:

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____

Place an asterisk next to your preferred source for communication of general ski team information.

We request that you complete and submit the **registration form, fee calculation sheet, medical release, and liability form** to the address below as soon as possible so that we can include your information in the 2009-2010 TSA ALPINE MANUAL and you can begin dry land training. Pay by November 15 without late fees and pay by October 12 to receive a 5% discount. A multiple member family discount of 10% can be applied starting with the lowest training fees. For example, a USSA level J1 will pay the stated amount and a Fun Race level J6 from the same family may take the 10% discount. Attached is a form for calculating your fees.

Sincerely,

TSA Board of Directors

PROGRAM FEES 2009-2010

Athlete Name:

Age Class [†]	Pay By Nov 15 th	Pay By Nov 15 th
	Fun Race	USSA
J6 (8 & under)	\$700	N/A
J5 (9&10)	\$800	\$1,200
J4 (11&12)	\$900	\$1,500
J3 (13&14)	N/A	\$1,500
J2 (15&16)		
J1 (17&18)		
School Program	N/A	\$250
Weekday Program	N/A	\$550
New member discount	\$100/family	

[†] Age as of December 31, 2009.

Pay by October 12 and deduct 5% from total program fees.

Age Class Program Fee (USSA or Fun Race)	1st\$ _____	2 nd \$ _____
New Member Discount if Applicable (\$100)	-\$ _____	
Additional Family Member discount of 10% off the lesser of the weekend program fees	-\$ _____	
Subtotal	= \$ _____	
Weekday Training Fees	+ \$ _____	
If prior to Oct 12 deduct 5%	-\$ _____	
TSA Membership Fee	+\$50.00	
TOTAL	= \$ _____	

Please mail these forms and full payment (payable to Taos Sports Associates) to the address below.

Thank you,
TSA Board of Directors



Taos Sports Associates
P.O. Box 3011
Taos, NM
87571
505-779-3729

2009-2010 Taos Sports Associates Medical Release

Athlete's Name: _____ Birth date: _____

Athlete's Social Security #: _____

Athlete's Address: _____

Athlete's Telephone: _____

Father's Name: _____

Father's Work Phone: _____ Father's Home Phone: _____

Father's Social Security #: _____

Mother's Name: _____

Mother's Work Phone: _____ Mother's Home Phone: _____

Mother's Social Security #: _____

Insurance Coverage

Company: _____ Member #: _____

Policy Number: _____ Expiration Date: _____

Medical History

Allergies

—

Current Medications

—

Other Medical Information

—

Athlete Medical Release Parent hereby authorizes Taos Sports Associates 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 as to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless Taos Sports Associates and its coaches from any and all costs arising out of such care, treatment and/or procedure.

Father's Signature & Date _____

Mother's Signature & Date _____

2009-2010 Taos Sports Associates Liability Agreement

COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned, being at least 18 years of age, hereby represents that he or she is the parent or guardian of _____ (hereinafter referred to as "child(ren)"), and in exchange for Taos Sports Associates (TSA) making ski racing, training and related activities available and Taos Ski Valley, Inc. (TSV) making its ski area available to me and my child(ren), hereby contracts and agrees as follows:

I understand and **EXPRESSLY AGREE** to the fact that skiing in its various forms is an inherently hazardous sport that has many dangers and risks. I realize that injuries are a common and ordinary occurrence of this sport. I acknowledge that **SKI RACING AND TRAINING** and related activities are **ESPECIALLY HAZARDOUS** activities and **GREATLY INCREASE THE RISKS** of skiing and that I have made a voluntary choice to participate in those activities myself or to allow my child(ren) to do so despite the risks they present. **I**

EXPRESSLY AGREE that I free accept and voluntarily assume **ALL RISKS OF PERSONAL INJURY OR DEATH** or property damage for myself and my child(ren). I hereby promise not to sue and **FULLY RELEASE** TSV, TSA and its agents employees, coaches, directors, officers and volunteers **FROM ANY AND ALL LIABILITY** for personal injury, death or property damage which results **IN ANY WAY** from my or my child(ren)'s participation in this sport, including any caused by **NEGLIGENCE**, conditions on or about the premises and facilities or the operations of its ski area including, but not limited to, grooming, snow making, ski lift operations while loading or unloading, gate setting, course setting, training, coaching, other skiers or any other activities related to ski racing and **ACCEPT MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL** such damages or injury of any kind which may result to **ME OR MY CHILD(REN)**.

In addition, the parent/guardian signing below represents to TSV and TSA that they have the authority to enter into this agreement on behalf of said **CHILD(REN)** and on behalf of any other parents or guardian of said **CHILD(REN)** and **AGREES TO DEFEND AND COMPLETELY INDEMNIFY** and hold harmless TSV and TSA from any and all claims arising from the child(ren)'s participation in ski racing and/or training and this agreement is entered into on behalf of said **CHILD(REN)** or any other parent/guardian thereof, even after the **CHILD(REN)** has attained majority or from third parties injured by the **CHILD(REN)**, and hold TSV and TSA its representatives, agents, affiliates, officers, directors, servants, and employees harmless from any such claim, legal action, harm, injury, damages, or loss of persons and/or property.

I CONTRACTUALLY AGREE that any and all disputes between myself and TSV arising from my child(ren)'s use of its ski area for ski racing and training, including any claims for personal injury and/or death, will be **GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO** and the **EXCLUSIVE JURISDICTION** thereof will be in the state of federal courts of the **STATE OF NEW MEXICO**.

I have carefully read the foregoing **COMPLETE RELEASE OF LIABILITY** and **INDEMNITY AGREEMENT** and understand its contents, including the jurisdictional agreement. **I ACKNOWLEDGE** and understand this is a **COMPLETE RELEASE AND INDEMNITY AGREEMENT**, that it includes any and all claims by my children(ren) or by me or anyone on my child(ren)'s behalf for any reason, **INCLUDING NEGLIGENCE**, and that I am contractually agreeing to these terms **FREELY, FULLY AND WITHOUT RESERVATION** in exchange for the right to have my child(ren) participate in ski racing and/or training at this ski area

I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.

Athlete _____ Date _____

Parent or Guardian _____ Date _____

Mailing Address _____

Telephone Number with Area Code _____