

DISCOVERY SKI TEAM



Membership Form

Visit our website for news and information -- www.discoveryskiteam.com

Skier's Name: _____

DOB: _____ Age: _____ Male ___ Female ___ Coat Size: _____

PROGRAM:

ESP _____ Learn to Race _____ DART _____

Please place a checkmark next to the following statement that best represents your child's abilities:

_____ My child can load and unload the chairlift independently. _____ My child skis with poles.

My child can ski independently and confidently on _____ beginner (Claim Jumper) _____ intermediate (Berkley\Winning Ridge) _____ advanced (Sluice Box\Limelight) runs

*** Skiers\racers planning to participate in USSA races require a USSA membership -- (www.ussa.org)**

*** A helmet is required -- for those planning to attend USSA races, helmets need hard-covered ears**

*** No iPods or other listening devices while skiing**

Parent/Guardian: _____

Address: _____

Phone: _____ (home) _____ (cell)

Email: _____

In an emergency and parent/guardian can't be reached please call:

Name: _____

Phone: _____

Health Insurance Information: _____

The Discovery Ski Team reserves the right to approve the child for participation and make proper placement of the child within their respective program based on skill level, development, and maturity. This may mean some participants will be placed in groups different from siblings or friends.

For office use only:

Total Program Fees: _____ Coat #: _____ Coach: _____

Waiver: _____ Volunteer form: _____ Code of conduct form: _____ USSA membership number: _____