



Member Registration Form - 2010 Season

1467 West Cty Rd. E
Arden Hills, MN 55112
952-200-4978
Fax: 651-633-2222



First Name:

Last Name:

Birthdate:

Gender:

Email:

Mbrship Package Code:

New Member?

Member Since Year

Bib Number (if known)

Code		# Races	Cost
6	Single Rac	1	\$36.00
7	Race Day	2	\$55.00
5	Intro Pkg	4	\$100.00
8	Board Mem	999	\$125.00
1	White	6	\$125.00
9	Race Crew	999	\$150.00
2	Red	16	\$185.00
3	Blue	999	\$250.00

Office Use Only

Notes:

Event:

Amt Pd: Form: Cash / Check Chk #:

USSA ID:

USSA Certification(s):

Address Line1:

Address Line2:

City:

State: Zip:

Mobile Phone:

Home Phone:

Work Phone:

Work Ext:

Fax Number:

Years Skiing:

Marital Status:

Skiing Family Mbrs:

Children:

Children Skiing:

Household Income:

Occupation:

New to Racing

Involved with other Skiing Organizations

Former USSA Junio

Other Skiing Organizations:

Former High School Racer

Former College Racer

Ski Challenge Member

Comments/Suggestions:

Midwest Masters Waiver

In consideration of the right to participate in officially sponsored and sanctioned activities, I hereby release any and all sponsoring organizations, including but not limited to the Midwest Alpine Ski Association, and any and all related divisions, organizations, their members, agents or employees and any persons officially or unofficially connected with sanctioned racing competition, training, clinic, private clinic, camps or any sponsored activity whatsoever, from all liability whatsoever, whether the inability arises from bodily injury or death to myself or others, or damage to property owned by myself or others, acting from my participation in or presence at these activities.

I expressly agree that this release is intended to be as broad and inclusive as permitted by law of the state in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

I have read, understood, and voluntarily sign this release and waive all liability, and further agree that no oral representations or inducements apart from the forgoing written agreement have been made.

Privacy Consent By checking this box, you consent to allow MWM to share this information at an aggregate level. The information on this form may be used to help attain sponsorship dollars and/or provide USSA with information on its membership.

Printed Name: _____

Signature: _____

Date: _____