

U.S. Ski and Snowboard Association  
P.O. Box 100 / 1 Victory Lane  
Park City, UT 84060  
Phone: 435.647.2666 Fax: 435.647.2052  
Email: [membership@ussa.org](mailto:membership@ussa.org)  
Internet Site: [www.ussa.org](http://www.ussa.org)



**FREESTYLE COMPETITION FORM  
2009-2010**

For Office Use Only

**Note: ONE member per application. Memberships are non-refundable and expire annually on June 30.**

- **Online registration & renewal is available on [www.ussa.org](http://www.ussa.org) under Membership Tools.**
- Applications also accepted by mail, email and fax. If you choose to fax your application, please call or email to confirm receipt.
- USSA and division or state late fees apply to renewals received after Oct. 15. **First time members are exempt from all late fees.**
- Proof of membership may be printed from our website [www.ussa.org](http://www.ussa.org) using the Member Lookup Tool under the Membership Tools menu.
- Bonus packs may take up to 4-6 weeks for delivery.

**Please Print Clearly**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (circle one) Male Female Primary Email \_\_\_\_\_

**Parent/Guardian Contact Information**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship Mother/Father/Other  
Email \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship Mother/Father/Other  
Email \_\_\_\_\_

Are you a New Member?  or Renewing Member?  If you are a renewing member, please note your USSA # \_\_\_\_\_

Are you a U.S. citizen? Yes  No , what country? \_\_\_\_\_

In which state do you primarily participate and train? \_\_\_\_\_

Ski Club Affiliation \_\_\_\_\_  
(PLEASE PROVIDE COMPLETE CLUB NAME – DO NOT ABBREVIATE)



**\*MANDATORY MEDICAL/ACCIDENT INSURANCE INFORMATION\***  
**INSURANCE INFORMATION NOT KEPT ON FILE FROM PREVIOUS SEASON**



Members must have and maintain Medical/Accident insurance for duration of membership year. Failure to provide accurate information demonstrating the existence of such insurance coverage for Member will prevent processing of this application and cause termination of membership and suspension of all rights to participate in U.S. Ski & Snowboard Association activities, unless Member timely returns a fully executed Medical Exception Agreement (which can be obtained by contacting Member Services at 435.647.2666 or via fax at 435.647.2052). The Medical Exception Agreement removes a Member from coverage under USSA's secondary accident insurance program, and leaves the Member solely responsible for all medical expenses incurred in connection with any USSA event or activity.

Primary Medical Insurance Company Name: \_\_\_\_\_

Policy/ ID # \_\_\_\_\_ Phone # \_\_\_\_\_

**Please indicate the division in which you will participate (check only one box)**

\*Coaches, officials and masters must declare a geographic division. \*All foreign athletes must declare foreign division

Alaska  Central  Eastern  Far West  Intermountain  Northern  Pacific Northwest  Rocky Mountain  Foreign

**Magazine**

Members receive a subscription to their choice to Ski Racing, SkiTrax (for the cross country enthusiast) or a snowboard publication.

\*Magazine subscriptions valid from time of renewal to spring of competition year. *NOTE: available to U.S. Residents only*

**\*Youth members will automatically receive a limited subscription to Ski Racing magazine unless "No Magazine" is selected.**

**Please select one magazine:** Ski Racing  SkiTrax  Snowboard Publication  No Magazine

USSA is required by Congress to report on the participation of minorities in our athletic programs. **Please choose one of the following categories:** White  Black  Latino  Asian  American Indian  Pacific Islander  Mixed Race  Prefer not to respond

**Code of Conduct & Competition Drug Testing**

I understand that by virtue of my membership in USSA I must comply with USSA's Code of Conduct. I also understand that I may be required to participate in competition drug testing. By executing this form I agree to abide by and/or participate in such programs. I understand that failure to participate in competition drug testing will result in a sanction.



**FREESTYLE  
COMPETITION PROGRAM  
2009-2010**

<p>◆ <b>Competitor:</b> Access to all levels of competition within the USSA Freestyle “development pipeline” including eligibility to qualify for national and regional events where qualifying is required. Membership also includes access to the USSA Freestyle Ranking List.  <b>Renewing</b> members add the USSA Late Fee of <b>\$25</b> after Oct. 15 to your membership total.</p> <p>◆ <b>Division/State Dues:</b> ◆ Intermountain \$25/ no late fee      ◆ Northern \$10/ no late fee      ◆ Rocky \$75/ no late fee          ◆ Far West \$45/ no late fee      ◆ Foreign No Division dues required      ◆ Eastern \$15 / no late fee</p>	<p><b>\$140</b></p> <p>\$ _____ USSA Late</p> <p>\$ _____ Div/State Dues</p>																									
<p>◆ <b>Rookie:</b> Available to first time Freestyle members only. For those 13 years of age and older prior to December 31. Access to division level competition only. Membership also includes access to the USSA Freestyle Ranking List. Non-Renewable, but upgradeable. Receives limited issues of <i>Ski Racing</i> magazine. <b>Does not pay USSA late fee.</b></p> <p>◆ <b>Division/State Dues:</b> Not applicable.</p>	<p><b>\$70</b></p>																									
<p>◆ <b>Youth Competitor:</b> Access to entry-level/non-scored competitions for ages 12 and younger, prior to December 31. Receives limited issues of <i>Ski Racing</i> magazine. <b>Does not pay USSA late fee.</b></p> <p>◆ <b>Division/State Dues:</b> ◆ Intermountain \$15/ no late fee      ◆ Rocky \$25/ no late fee      ◆ Far West \$25/ no late fee          ◆ Foreign No Division dues required      ◆ Eastern \$15/ no late fee</p>	<p><b>\$50</b></p> <p>\$ _____ Div/State Dues</p>																									
<p><b>* ATTENTION COACHES AND OFFICIALS *</b></p> <p>◆ All Coaches and Officials are required to undergo periodic background screening.</p> <p>◆ If screening is required, you must register within 10 days of membership registration. A secure link to background screening is available through your USSA user account. <b>Please contact Member Service for further instructions or a hard copy application if needed.</b></p> <p>◆ Failure to register within 10 days of processing will result in inactivation of membership. <b>A \$25 fee will be required for reactivation.</b></p> <p>◆ Coach and official memberships are not valid/active until positive background screening results are received by USSA Member Service.</p> <p><b>Please allow several weeks for screening process to be completed. Screening times vary.</b></p>																										
<p>◆ <b>Official:</b> Access to clinics, certifications programs and educational materials supporting event officiating. <b>Note:</b> Does not pay <b>USSA late fee</b> <i>if</i> this is the only membership held.</p> <p>◆ <b>Division/State Dues:</b> ◆ Intermountain \$ 5/no late fee      ◆ Rocky \$15/ no late fee      ◆ Far West \$15/ no late fee</p>	<p><b>\$60</b></p> <p>\$ _____ Div/State Dues</p>																									
<p>◆ <b>Coach:</b> Includes both USSA Freestyle coach and official membership, including access to USSA coaches programs, clinics, certification programs and educational materials..  <b>Note:</b> Required for access to coaching credentials at all USSA competitions. Issuance of credentials to appropriate working coaches is the responsibility of the event.  <b>Renewing</b> members add the <b>USSA</b> late fee of <b>\$25</b> after Oct. 15 to your membership total.</p> <p>◆ <b>Division/State Dues:</b> ◆ Intermountain \$ 5/no late fee      ◆ Rocky \$15/ no late fee      ◆ Far West \$15/ no late fee</p>	<p><b>\$115</b></p> <p>\$ _____ USSA Late</p> <p>\$ _____ Div/State Dues</p>																									
<p><b>Contribution:</b> Please check appropriate box \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other: <input type="checkbox"/> _____          Your contribution will go to the sport of your primary membership. <b>Thank you!</b></p>	<p>\$ _____</p>																									
<p><b>Bonus Pack:</b> \$25 each, includes shipping and handling. See page 4 for details. T-Shirts are available in <b>adult sizes S, M, L and XL</b> only. Bonus packs are mailed individually. <b>Please allow 4-6 weeks for delivery. Bonus packs shipped to U.S. addresses only. Indicate desired size and quantity.</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Description</th> <th style="text-align: left; border-bottom: 1px solid black;">Size</th> <th style="text-align: left; border-bottom: 1px solid black;">Quantity</th> <th style="text-align: left; border-bottom: 1px solid black;">Description</th> <th style="text-align: left; border-bottom: 1px solid black;">Size</th> <th style="text-align: left; border-bottom: 1px solid black;">Quantity</th> </tr> </thead> <tbody> <tr> <td>U.S. Ski General Design</td> <td>_____</td> <td>_____</td> <td>Freestyle</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Alpine</td> <td>_____</td> <td>_____</td> <td>Jumping/NC</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cross Country</td> <td>_____</td> <td>_____</td> <td>Snowboard</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;"> <p>Total # of Bonus Packs _____ x \$25 = <span style="font-size: 2em;">➔</span></p> </div>		Description	Size	Quantity	Description	Size	Quantity	U.S. Ski General Design	_____	_____	Freestyle	_____	_____	Alpine	_____	_____	Jumping/NC	_____	_____	Cross Country	_____	_____	Snowboard	_____	_____	<p>\$ _____</p>
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<p><input type="checkbox"/> <b>Please Rush!</b> Enclosed is an additional \$25 per person for “Express” processing. Your “express” application will be processed within 1-2 business days from the time of receipt. <b>Proof of membership may be printed from our website <a href="http://www.ussa.org">www.ussa.org</a> using the Member Lookup tool under the Membership Tools menu.</b></p>		<p>\$ _____</p>																								
<p><b>Method of Payment</b>          Please note: There will be a \$25 returned check fee.</p> <p><input type="checkbox"/> Check # _____</p>	<p><input type="checkbox"/> VISA/Mastercard</p> <p><b>U.S. Ski and Snowboard Teams prefer VISA</b></p> <p>Exp. Date _____ Signature _____</p>	<p><b>Total Due</b></p> <p>\$ _____</p>																								

Did you remember to sign the Waiver and Release of Liability?

**UNITED STATES SKI AND SNOWBOARD ASSOCIATION  
ASSUMPTION OF RISK AND RELEASE OF LIABILITY – READ CAREFULLY BEFORE SIGNING**

I understand that skiing and snowboarding in their various forms, as well as preparation for participation in, coaching, volunteering, officiating and related activities in alpine, nordic, freestyle, disabled, and snowboarding competitions and clinics (hereinafter collectively referred to as "Activities"), involve many **RISKS, DANGERS and HAZARDS**. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, being struck by skiers/riders or equipment, and exceeding one's own abilities. I further understand that ski and snowboard training and competition may be more hazardous than recreational skiing and snowboarding. I understand that **INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE of the Activities**. I know that the risk of **SEVERE INJURY** and even **DEATH** exists in all training and competition locations and activities, including free skiing and riding. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the United States Ski & Snowboard Association, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors and representatives, local ski clubs, competition organizers and sponsors, and ski and snowboard facility operators (hereinafter the term "USSA" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

With full knowledge and understanding of the **RISK OF SEVERE INJURY AND DEATH** involved in ski and snowboard training and competition, **I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instructions or advice of USSA.

In consideration of USSA's acceptance of my membership application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter "Member") agrees to comply with and be bound by the following terms at all times, whether training or practicing for competition, or in competition.

1. Member hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND AND INDEMNIFY USSA FROM ANY CLAIMS**, present or future, to Member or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including **DEATH**), suffered by any person from or in connection with Member's participation in any Activities in which USSA is involved in any way, due to any cause whatsoever, **INCLUDING NEGLIGENCE** and/or breach of express or implied warranty on the part of USSA.
2. Member hereby **RELIEVES USSA OF ANY DUTY TO PROTECT MEMBER FROM HARM** in connection with any Activities in which USSA is involved in any way.
3. Member authorizes USSA to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of USSA, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall **DEFEND, INDEMNIFY AND HOLD HARMLESS USSA** of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care. Member also authorizes disclosure of protected medical information necessary to provide, coordinate or manage member's healthcare consistent with the dictates of HIPAA and to the extent that such use or disclosure is required by law.
4. Member agrees never to utilize any run, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the run, course or facility.
5. This Agreement shall be construed in accordance with, and governed by the substantive laws of the State of Colorado, without reference to principles governing choice or conflicts of laws. In addition, Member agrees that all lawsuits for personal injury or related loss against USSA must be maintained in state courts sitting in Summit County, Utah or federal district courts sitting in the District of Utah, Central Division, and Member consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

**HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, MEMBER SIGNIFIES HIS ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:**

<b>MEMBER (IF 18 or over)</b>	
Signature: _____	Date of Birth: _____
Printed name: _____	Date Signed: _____

**SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR MEMBERS UNDER THE AGE OF 18**

As the parent or guardian of the minor child Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns. By affixing my signature below I represent that I intend to give up my right, the right of the Member, and the right of any other parent or guardian to maintain any claim or suit against USSA arising out of the Member's participation in any Activities involving USSA in any way. I further agree to hold harmless, defend, and indemnify USSA of and from any claims from third parties arising from the minor child Members' participation in any activities affiliated with USSA.

Parent or guardian's signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date Signed: \_\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

