



2010 TSALTESHI TRAILS YOUTH SKI PROGRAM (January 16, 2010 – March 11, 2010)

Skier #1 Information:

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Age _____ Birthdate ____/____/____ Gender _____ School _____

Height _____ Weight _____ (for ski rental if needed)

Level of experience _____ Beginner _____ Intermediate _____ Experienced

Medical conditions*: _____ Medications: _____

Skier #2 Information:

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Age _____ Birthdate ____/____/____ Gender _____ School _____

Height _____ Weight _____ (for ski rental if needed)

Level of experience _____ Beginner _____ Intermediate _____ Experienced

Medical conditions*: _____ Medications: _____

Skier #3 Information:

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Age _____ Birthdate ____/____/____ Gender _____ School _____

Height _____ Weight _____ (for ski rental if needed)

Level of experience _____ Beginner _____ Intermediate _____ Experienced

Medical conditions*: _____ Medications: _____

* MEDICAL CONDITIONS: Please relay relevant medical information such as allergies, heart or lung problems, diabetes, epilepsy, or other conditions which might affect your child's safety.

Parent/Guardian Information:

Contact Parent Name _____

Hm. Ph. _____ Cell Ph. _____ Wk. Ph. _____

E-mail address: _____

2nd Contact Name _____

Hm. Ph. _____ Cell Ph. _____ Wk. Ph. _____

E-mail address (if relevant): _____

Parent Volunteers Needed! TTYSP succeeds if everyone takes an active part in the program. For those who are unable or unwilling to participate as a parent volunteer, we respectfully request that a \$20 family contribution be made to help us with additional costs.

Please volunteer to help out in one or more of the following areas:

___ Registration ___ Indoor Help ___ Outdoor Help ___ Ski Equipment Work

Fee Worksheet

Fee Type	Fee Amount		Number	Sub-total
Lessons	\$90.00/\$70.00 for second child in same family			
TTA Membership (circle one)	Student - \$15.00	Family - \$110.00	Already a member	
	Please complete TTA Membership form.			
Ski Rental	\$20.00			
Ski Rental Extension	\$10.00 for for March 11 – April 8			
Non-Volunteer Contribution	\$20.00		N/A	
Late Fee	\$20.00		N/A	
TOTAL:				

Refund Policy:

- a.) Cancellation up to one week prior to start of Session: 100% refund lesson & rental fees
- b.) Cancellation up to start of Session: 50% refund lesson fee, 100% refund rental fees
- c) Cancellation after start of Session: no refund of lesson fee; rental ski costs prorated

Mail this registration, payment and release/consent form to:

TTYSP PO Box 4076 Soldotna, AK 99669

MAKE CHECKS PAYABLE TO Tsalteshi Trails Association (TTA)

Forms and payment must be received prior to the first lesson.

Office Use Only
Ck/Ref# _____
Date received _____

Skier's name(s): _____

THIS RELEASE AND INDEMNIFICATION/ MEDICAL/CONSENT FORM MUST BE SIGNED AND RETURNED OR YOUR CHECK AND APPLICATION WILL BE RETURNED TO YOU.

PARENT INFORMATION

Cross-country skiing is a safe and healthful activity, but there are certain inherent risks present when your child participates in the program. Most skiing takes place in areas where moose and other wildlife live, and exposure to cold temperatures, ice, rain, wind, and dark or steep trails can be expected. Injuries can result from falling, collisions with obstacles and other skiers, and from equipment misuse and malfunction. We try to make the program as safe as possible, but we cannot eliminate all risks.

For safety, it is very important that children are dressed properly and that they be instructed by parents to follow the directions of coaches and adult helpers. Have your child to the program site at least 15 minutes before the program starts. Pick up your child promptly at the conclusion of the day's activity. There will be no supervision of program participants after the days' activities end. Have a plan in place if there is an emergency and you are unable to pick up your child. Also, from time to time, parent information will be provided, which we ask you to read carefully and take to heart. It is also important for us to know whether your child has any medical conditions which might affect his or her safety or health while participating in this vigorous activity.

RELEASE AND INDEMNIFICATION/MEDICAL CONSENT

As the parent of _____, I have read and understood the above statement. In particular I understand that there are inherent risks to my child in participating in the Tsalteshi Trails Youth Ski Program and I release and covenant not to sue, agree to indemnify and hold harmless, the Tsalteshi Trails Association, TTYSP, and the Kenai Peninsula Borough, their respective directors, officers, employees, coaches, sponsors, and volunteers, from all injuries, harm, expenses and damages of any kind related to my child's participation in this program.

Furthermore, in the event of a health emergency or injury to my child during participation in the program, I consent to emergency medical transportation and treatment on his/her behalf and release the Tsalteshi Trails Association, Tsalteshi Trails Youth Ski Program, and affiliated persons from all resulting liability.

Signature

Date

Mail this form along with your registration form and payment to:

TTYSP

PO Box 4076

Soldotna, AK 99669



Tsalteshi Trails

2009-2010 MEMBERSHIP

Name: _____ School (if student) _____

New Member (add contact information)

Returning Member (update as needed)

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Alternate phone: _____

Membership Options				
	Type	How many	Dues	Total \$
General Membership	Student (high school senior and under; parent signature required)		\$15	
	Senior (aged 60 and older)		\$15	
	Individual		\$40	
	Family (includes parents and all children under age 18)		\$110	
Donor Membership	Bronze		\$125+	
	Silver		\$250+	
	Gold		\$500+	
	Corporate		\$1,000+	

(Voting rights, over age 18: One vote per each student, senior & individual member, two votes for all other membership categories.)

Names & Ages of Users Represented in this Membership (for insurance purposes)		
Last Name	First Name	Date of Birth

(Continue on extra sheet, if necessary.)

Please notify me of TTA events by e-mail. E-Mail Address: _____

Please send receipt of payment to me.

Please contact me to help in the following area(s): _____

(Membership, Community Events, Trail Maintenance, Web Site, Ski Instruction, Biking, Running, Biathlon, Other – please describe)

We, the undersigned, and any minor family members, will not hold Tsalteshi Trails Association or any of its members liable for any injuries or losses which may occur as a result of being a member of this club. **(Parent(s) of students please sign below.)**

Signature Voting Member #1 _____ Date: _____

Signature Voting Member #2 _____ Date: _____

Make check payable to: Tsalteshi Trails Association, P.O. Box 4076, Soldotna, AK 99669

<http://www.tsalteshi.org>