

## Duluth/Superior Alpine Club Registration Form

<b>Ski Season:</b> 20__ /20__	
Athlete's name: (last, first)	
Address:	
City:	
State:	Zip:

Home Phone:
Cell #:
Athlete's E-mail address:
Age (as of Dec 31 this winter):
Date of birth: / /

For which program are you registering? Athletes considering Age or Ability for the first time are encouraged to contact Head Coach Scott Ransom before signing up (contact info below).			
<b>Circle one:</b>	Development Team	Age Class	Age Class 1 night
	Jumps and Bumps	Competitive Freestyle	Ability

School:	Grade:
USSA? Y / N	High School Team? Y / N

Mother's name:	Work phone:	Cell:
Father's name:	Work phone:	Cell:
Parent's e-mail address ( <i>for communication purposes</i> ):		
Emergency contact if parents cannot be reached:		
Relationship to athlete:		
Phone:	City:	State:

Do you have any physical or medical conditions which your coaches should be aware of or which may impact your ability to perform? If yes, please explain. _____
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Physician:
Phone #: Hospital Preference:
Medical Insurance Company:
Group #: Policy #:
Provider phone:

**A note to parents:**

In an effort to keep costs down, we must rely on our parents for volunteering in a variety of capacities and active participation in fundraisers. See website for full list of opportunities. Would you offer to help out in one or more of the following areas? Please circle: (Please indicate which parent)

Ski Swap
Race/Competition volunteer
Fundraising/Events
Public Relations/Marketing
Holiday Camp

Photography
End of Year Banquet
Fall Kick-Off Potluck
Parent Mentor
Atmore Memorial Race

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**Please return application and fee prior to October 15<sup>th</sup>. Registrations received prior to November 15<sup>th</sup> are eligible for a \$25 reduction in fees. Registration for the Club is possible at any time during the season.**

It is possible to pay fee in 3 equal installments: the first payment is due by October 15<sup>th</sup>, the second payment is due by November 15<sup>th</sup>, and the third payment is due by December 15<sup>th</sup>. If a credit card is used for the initial payment, the second and third payments will automatically be billed on November 15<sup>th</sup> and December 15<sup>th</sup>. If your initial payment is by check, it is your responsibility to ensure the second and third payments are received on time. Application, waivers and initial fee payment must be received prior to participation in any DSAC practice (dry-land or on-snow).

*Please see our website for information about the G. Scott Ransom Scholarship*

If paying by check, please make check payable to: Duluth/Superior Alpine Club

Please indicate amount enclosed: \$ \_\_\_\_\_

**Check which one(s) apply:**  *installment payment*  *full payment*

(If your check includes another child's fee, please indicate amount intended for the athlete named on this application only.)

If charging, please circle: Visa / MasterCard

Please indicate amount to be charged: \$ \_\_\_\_\_

**Check which one(s) apply:**  *installment payment*  *full payment*

(Please indicate amount intended for the athlete named on this application only.)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

### **HOLD HARMLESS AGREEMENT**

I agree that I will not hold the Duluth/Superior Alpine Club, its Board of Directors, or its Coaches liable in any manner for any accident, injury or liability of any type that may occur during on or off snow training, dryland training, racing, or any competition or event in connection with this club. I also give permission for use of my child's photograph in advertising or promotion of the Duluth/Superior Alpine Club.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Please Send Registration Form, Team Van Agreement and Payment to:**

**DSAC  
PO Box 3616  
Duluth, MN 55803**

For more information, current news and announcements throughout the season, check out our Website: [www.teamduluth.org](http://www.teamduluth.org)

**Contacts:** Club Hotline 624-8539; Head Coach Scott Ransom: 628-9663; Club Administrator Gretchen Ransom: 628-9663. See website for your Parent Mentor contact and Board contacts.

DULUTH / SUPERIOR  
**Alpine Club**

[www.teamduluth.org](http://www.teamduluth.org)

## Duluth/Superior Alpine Club Registration Form

### Duluth/Superior Alpine Club Team Van Agreement

#### Athlete Portion

I, \_\_\_\_\_, a Duluth Superior/Alpine Club athlete, understand the dangers of riding in a motor vehicle without wearing a seatbelt. Therefore, I promise and agree to sit in a proper seat and properly wear a seatbelt in the Team Van at all times while the Team Van is traveling. I understand “traveling” means: anytime the Team Van is in motion, waiting for traffic signals, etc., or anytime the Team Van is not parked. I will abide by all rules for riding in the Team Van set by the driver, coaches or other adults. I understand that riding in the Team Van is a privilege granted by the Club’s coaches and Duluth/Superior Alpine Club, and not a right, and that as a privilege, any disobedience of this policy or other rules as set forth by the driver, coaches or other adults may result in revocation of this privilege.

\_\_\_\_\_  
**Athlete Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

#### Parent/Guardian Portion

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, a Duluth/ Superior Alpine Club athlete, understand that when my child rides in the Team Van, he/she will be required to wear a seat belt at all times when the Team Van is traveling and not otherwise parked. I also understand that my child will be required to follow all rules for riding in the Team Van set by the driver, coaches or other adults. I understand that riding in the Team Van is a privilege, granted by the Club’s coaches and Duluth/Superior Alpine Club, and not a right, and that as a privilege, any disobedience of this policy or other rules as set forth by the driver, coaches or other adults may result in revocation of this privilege.

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**