

**ALLEGHENY COLLEGIATE SKI AND SNOWBOARD CONFERENCE
WAIVER AND ADMINISTRATIVE FEE FORM – 2011-12**

Completion of this form, accompanied by payment of \$45.00 each, is required for every member of all Teams, both Skiing and Snowboard (and for those persons designated as "Individuals" - not with a team) who are registering with the Allegheny Collegiate Ski and Snowboard Conference. Payment is required by December 15, 2011.

CHECK ONE: _____ Ski Team Member _____ Snowboard Team Member

PLEASE PRINT CLEARLY – All sections must be completed!

INSTITUTION'S NAME: _____

TEAM MEMBER'S NAME: _____ **DOB** _____ **Age** _____ **Gender: M**____ **F**____

Address (school): _____
_____ **Zip** _____

Address (home): _____
_____ **Zip** _____

Phone: (school) () _____ **(home)** () _____

E-mail Address: _____

All members of all Teams registered in the Allegheny Collegiate Ski and Snowboard Conference are required to read, understand and agree to the following:

* As a competitor or other participant on a team registered with the Allegheny Collegiate Ski and Snowboard Conference (ACSC), I acknowledge that skiing/ski racing and snowboarding/snowboard competition are dangerous sports, and that I am solely responsible for any and all personal injuries that I may incur as a result of my participation in the ACSC programs. I further understand that I am responsible for any and all injuries or illnesses and any legal actions or other ramifications that might occur as a result of my participation or actions in any and all Conference activities, to include, but not be limited to skiing/ski racing and snowboarding/snowboard competition, meetings/administrative activities, special events, and other recreational or sports activities. I further absolve, remove, and/or eliminate the Allegheny Collegiate Ski and Snowboard Conference, the United States Collegiate Ski and Snowboard Association, and any and all of its employees, agents, or volunteer personnel from any legal action, claims of negligence, or law suits for negligence, monetary or other obligation that could occur or might be anticipated as a result of my participation or action.

* I understand that the Allegheny Collegiate Ski and Snowboard Conference is not held responsible for any liability claims that might be filed against me, personally, as a result of my participation in any Conference activities, including all competition-related activities, except for those activities that may be officially assigned to me as a Conference volunteer worker to assist with the conducting of competition.

REQUIRED:

I confirm that I have personal medical insurance coverage with:

(Name of company) _____

I, the undersigned, have read, understand and agree to the above terms, and confirm the accuracy of all information provided:

CLEARLY PRINT Name of Team member _____

Team Member's Signature _____

Date _____

If Team Member is under 18 years of age:

Print name of Parent or Guardian _____

Parent or Guardian Signature _____

Date _____

This form must be completed in full by EVERY team member (and "individual" member) at each school that is registered with USCSA and ACSC. A team member (or "individual" member) must be registered with USCSA to register as an ACSC member. Your team coordinator is responsible for assuring that all forms and payments are received by the Conference Office for all team members on the Official Roster.

Checks are to made payable to "ACSC" and submitted by the team coordinator.