



2012 High School Training Registration

Please use a separate registration for each athlete.

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Email Address: _____

Age: _____ Date of Birth: _____ Gender: _____

Years Skiing: _____ Years Racing: _____ Ski Team: _____

Camp Information

- Full Camp: Feb 16-until Hyland closes Price: \$ 150.00
- Full Balance Due Prior to attending
- Camp costs does not include lift ticket.
- Please make checks payable to Three Rivers Racing, Inc. or to pay by credit card:

Visa/MC _____ Exp: _____

Billing Zipcode _____ Code on back _____

Authorized Signature: _____

FULL PAYMENT, WAIVER, CONDUCT CONTRACT, AND MEDICAL RELEASE DUE PRIOR TO PARTICIPATION IN PROGRAMS OR CAMPS.

***Please send to Three Rivers Racing Inc., 5400 Opportunity Ct. Ste. 150, Minnetonka, MN 55343**



Important Medical Information

Family Doctor: _____ Phone: _____
Address: _____ City, State, Zip: _____

Emergency Contact (other than parent/ guardian): _____
Phone: _____

Allergies: _____

Medications: _____

Medical Release

A LEGIBLE COPY OF YOUR INSURANCE CARD MUST ACCOMPANY THIS FORM

Athlete Name: _____

Medical Insurance Company & Policy #: _____

AS PARENT/GUARDIAN, I HEREBY AUTHORIZE THREE RIVERS RACING, AND/OR THEIR NAMED COACHES, TO SECURE ANY HOSPITAL, MEDICAL, DENTAL OR SURGICAL CARE, TREATMENT, AND/OR PROCEDURES FOR THE ABOVE NAMED ATHLETE. I ALSO CONSENT THAT IN THE EVENT OF INJURY TO THE ATHLETE, COACHES CAN SIGN FOR THE ATHLETE TO RECEIVE CARE, TREATMENT, AND/OR PROCEDURES, UNDER THE INSTRUCTIONS AND DIRECTIONS OF THE LICENSED PHYSICIANS ON CALL AT THE EMERGENCY ROOM OF THE NEAREST HOSPITAL OR EMERGENCY FACILITY. THE COACHES SHALL NOTIFY THE PARENT/GUARDIAN AT THE EARLIEST POSSIBLE TIME DURING OR AFTER SUCH CARE, TREATMENT, AND/OR PROCEDURES. PARENT/GUARDIAN KNOWINGLY AND VOLUNTARILY CONSENTS IN ADVANCE TO SUCH CARE, TREATMENT, AND/OR PROCEDURES TO ENCOURAGE THE PHYSICIANS AND COACHES TO EXERCISE THEIR BEST JUDGMENT AS TO THE REQUIREMENT OF SUCH CARE, TREATMENT, AND/OR PROCEDURES. PARENT/GUARDIAN SPECIFICALLY INDEMNIFIES AND HOLDS HARMLESS THREE RIVERS RACING AND THEIR NAMED COACHES FROM ANY AND ALL COSTS ARISING OUT OF SUCH CARE, TREATMENT, AND/OR PROCEDURES.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____ DATE: _____

Waiver and Release of Liability

In consideration for the rights and privileges associated with participation in Three Rivers Racing, Inc. camps and training, I acknowledge and agree to be bound by the following:

- IDENTIFICATION OF RISKS:** I understand that participation in any skiing activity, including but not limited to preparation for, participation in, coaching and related activities in this alpine ski racing program, involves risks of serious injury, including permanent disability, death, and other losses, both to me and my property. I understand that these injuries and losses might result not only from my actions, but the actions inactions, or negligence of others.
- ASSUMPTION OF THE RISK:** I agree that I am responsible for my safety while participating in the program and that such responsibility includes participating in the program only A) when I am both physically and psychologically prepared to participate safely, B) After fully familiarizing myself with the venue before beginning the program, and C) While using the equipment of a type and condition reasonably necessary to safely participate in the program, I assume all risks connected with responsibility for any injury or loss connected with my participation in the program.
- WAIVER:** Aware of the risks and willing to assume them, I hereby waive, release, and hold harmless Three Rivers Racing, Inc., The United States Ski and Snowboard Association, The United States Ski Team, The United States Ski Coaches Association, and each of those organizations affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (release "parties") from all claims by me for any liability, injury, loss, or damage in any way connected with my participation in the program, except where caused by the gross negligence or willful or wanton misconduct of any of the released parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim on my behalf.
- APPLICABLE LAW:** THIS WAIVER AND RELEASE INFORMED UNDER AND IS TO BE INTERPRETED CONSISTENT WITH LAWS OF THE STATE OF MINNESOTA.
- INSURANCE:** I currently have, and agree to maintain throughout the time that I participate, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

ATHLETE SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

IF ATHLETE IS UNDER AGE 18, LEGAL PARENT OR GUARDIAN MUST SIGN BELOW.

THIS IS TO CERTIFY THAT, AS PARENT/GUARDIAN OF THIS PARTICIPANT, I DO CONSENT TO HIS/HER AGREEMENT TO BE BOUND BY EACH OF THE TERMS AND CONDITIONS IDENTIFIED ABOVE.

PARENT/GUARDIAN SIGN: _____ PRINTED NAME: _____ DATE: _____