

2008/2009 NYSEF PROGRAM ENROLLMENT INFORMATION

New York Ski Educational Foundation

Main Administrative Office

PO Box 300 Wilmington, NY-518.946.7001-Fax 518.946.7000-www.nysef.org-lisag@nysef.org

NYSEF Gore Office: PO Box 200, North Creek, NY 12983 518.251.2825 (September-March)

NYSEF Jump Office: Olympic Ski Jump Complex, Lake Placid, NY 12946 518.523.1900 (year round)

NYSEF XC Office: PO Box 300, Wilmington, NY 12997 802.558.7985 (year round)

2 WAYS TO ENROLL

1. GO TO WWW.NYSEF.ORG AND REGISTER/ENROLL/PAY ON LINE (AVAILABLE 9/1/08)

OR

2. FILL OUT AND RETURN ENCLOSED ENROLLMENT FORMS. (All forms must be postmarked by 9/15/08 to qualify for early season rate)

- () Enclose copy of **HEALTH INSURANCE CARD**
- () Read and sign **LIABILITY RELEASE**, initial **PHYSICAL STATEMENT**, fill out and sign **MEDICAL RELEASE**
- () Purchase required **NYSSRA** and **USSA** memberships (available at www.nyssra.org and www.ussa.org) for alpine, or **USASA** membership for snowboard/freeski participants (available info at www.usasa.org)
- () Have **PICTURE** taken on site for Gore & Whiteface athletes (returning athletes-we will automatically use your past season picture unless you inform us otherwise)
- () Gore athletes fill out **GORE MTN. PASS APPLICATION FORM**
- () Return everything listed above with payment to **NYSEF, PO BOX 300 WILMINGTON, NY 12997**. (Applications received without payment and all of the above listed forms can not be processed.)

Refund policy:

There are no refunds of program fees unless a medical condition occurs before January 1st for winter training (July 1st for summer training) which prohibits participation in the program for the remainder of the season. In that case, a refund of 50% of the program fee will be issued.

Visit www.nysef.org for additional information

New York Ski Educational Foundation
2008/09 Program Enrollment Forms

REGISTRANTS NAME: _____ SCHOOL (winter term) _____

ADDRESS: _____ AGE: _____ BIRTHDATE ___/___/___ SEX _____

CITY, STATE _____ ZIP _____ PHONE #:(____) _____

Current (08/09) USSA Membership # _____ **How many years have you been active in this sport:** _____

MOTHER'S NAME: _____ PHONE NUMBER: (____) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

FATHER'S NAME: _____ PHONE NUMBER: (____) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ PHONE #: _____

E-Mail Address _____ of person who should receive schedule/training info.

I would like to be included in the NYSEF Parent Directory. Yes _____ No _____

PROGRAM YOU ARE SIGNING UP FOR: (check programs you are participating in)

ALPINE GORE /___/ CROSS COUNTRY /___/ FREESTYLE /___/ NORDIC COMBINED /___/
 ALPINE WHITEFACE /___/ SKI JUMPING /___/ SNOWBOARD /___/

<i>Program Cost (see back of form)</i>	\$ _____
<i>Less Discount</i> _____%	(\$ _____)
<i>Adjusted Program Cost</i>	\$ _____
<i>Plus Race Work Deposit</i>	\$250.00
<i>Total Amount Due</i>	\$ _____

Please Check One:

- () I have enclosed payment in full. Method of payment (circle one): Cash Check VISA Mastercard
- () I would like my credit card charged in four equal installments. **Cost based on 10/15/08 prices. First payment due 9/15/08.**

Type of Card (circle one): VISA MASTERCARD

Name on Card: _____ **Card #:** _____

Signature: _____ **Expiration Date:** _____

4 Payment dates: 9/15/08 \$ _____ 10/15/08 \$ _____ 11/15/08 \$ _____ 12/15/08 \$ _____

FOR OFFICE USE: PASS AMT DUE: \$ _____
 WORK DEPOSIT: \$ _____
 AMT PAID: \$ _____
 BALANCE DUE: \$ _____

Issued by: _____
 Date: _____

Notes: _____

**NEW YORK SKI EDUCATIONAL FOUNDATION
ACKNOWLEDGMENT, CONSENT AND RELEASE**

The Registrant herein enrolls in snow sport competitions, training camps, and daily training conducted by the New York Ski Educational Foundation (NYSEF). The NYSEF and the Olympic Authority are hereinafter referred to as Owners, and Registrants are subject to the rules and regulations determined by the owners and their agents.

The Registrants acknowledge the inherent danger and risk of person injury involved in the enrollment and involvement in the activities of the Owners and assume any and all risk of personal injury in the enrollment and activities.

The Registrants covenant not to sue and release the Owners, and any other sponsors or agents, from any liability arising out of personal injury wherein the personal injury was the result of any activity conducted as a part of the usual activity of the Owner. The Owner assumes no responsibility for any activities undertaken by the Registrants without proper supervision and guidance.

The Registrant agrees that in the event a claim is made against the Owner for personal injury that the notice of said claim shall be made to the Owner within 90 days of said personal injury. This claim shall be made by registered mail. Failure on the part of Registrant to deliver said notice shall constitute a waiver of the Registrant's right to commence a law-suit under the laws of the State of New York or any other jurisdiction.

The Registrant acknowledges that the provisions of this Acknowledgment, Consent and Release shall be binding upon the Registrant, their heirs, executors, administrators and assigns and shall be governed by the laws of the State of New York. The Registrant agrees that any suit or legal action shall be brought only in the State of New York and the terms of this document shall be admissible in evidence as a binding legal agreement between the Registrant and the Owner. The Registrant acknowledges that if a court determines that a part of this document is inadmissible that the remaining paragraphs shall remain in full force and effect.

X _____
Registrant's Signature

X _____
Parent/Guardian's Signature

Date

Date

PHYSICAL INFORMATION:

Please list any allergies participant has: _____

Please list any medications participant is currently taking: _____

I verify that my child has had a physical in the last year. Please initial _____.

RELEASE AUTHORIZATION FOR MEDICAL ATTENTION:

I hereby grant permission for a doctor to administer any treatment or anesthetic and perform any diagnostic procedure, operation, or curative remedial procedure they deem necessary or advisable for the care or treatment of _____ (registrant's name).

X _____
Parent/Guardian's Signature

Date

NEW YORK SKI EDUCATIONAL FOUNDATION ATHLETES CODE OF CONDUCT

As a participant in a NYSEF Program, the athlete must realize that they are a visible representative for the program they are in and the school they attend. All athletes participating in a NYSEF program will be required to follow the established Code of Conduct.

1. All participants are expected to abide by the Rules and Regulations at their particular venue. Remember you are a guest at that facility and should treat all venue employees and public skiers with courtesy and respect.
2. Participants are required to wear helmets while training.
3. Participants are required to conduct themselves in a sportsmanlike manner at all times and to treat their team mates with sportsmanship and respect.
4. Participants must be neatly and properly dressed.
5. Participants must listen to and be courteous to coaches.
6. Participants must be on time for all activities.
7. Participants must maintain their athletic eligibility by meeting academic standards.
8. The Participant must be under the supervision of NYSEF staff while training.
9. Participants in NYSEF Programs will be disciplined for the following infractions:
 - Use of tobacco and chewing tobacco
 - Use and/or possession of alcohol
 - Use and/or possession of narcotics and non-prescription drugs
 - Behavior that is detrimental to the program and/or other athletes
 - Theft of property
- Recommended disciplinary actions can include:
 - Dismissal from camp/event at cost of athlete/parent
 - Suspension of training privilege for specific time period
 - Loss of racing privilege for specific events
 - Police involvement
10. Athletes who are dismissed from a school or team because of any of the above infractions will have training privileges suspended. Participants at a camp and/or race will be sent home immediately. Program privileges will be suspended until the situation is resolved. The Program Director reserves the right to remove the training pass from a participant if the situation warrants it. Other disciplinary measures can be taken by the Program Director based on the severity of the situation.

I HAVE READ THE ABOVE ATHLETE CODE OF CONDUCT AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS.

PARTICIPANT'S SIGNATURE
date: _____

PARENT/GUARDIAN SIGNATURE
date: _____

* * * * *

RACE WORK DEPOSIT INFORMATION

NYSEF feels strongly that the greater the parental participation in the various programs, the better our programs will be. With that in mind, we include the work deposit as part of our total annual costs. **Only one work deposit per family is required.** Families may earn back the work deposit by helping at races. After a family member fulfills two volunteer days they will receive their work deposit. **Ski vouchers will be given after the 2 days are worked to fulfill this obligation.**

The work deposit amount is \$250. If you choose not to volunteer, NYSEF will acknowledge your work deposit as a donation and your deposit will not be returned.

_____ \$250 work deposit enclosed
_____ \$250 work deposit enclosed, **please consider this a donation to NYSEF**

Please go to our website nysef.org to find out how to sign up as a volunteer.