

**St. Paul Ski Club Summer Registration**  
**August 25-26, 2018**  
**e-mail registration to stpaulskiclub@gmail.com**  
**\$60 skier/\$130 per family**

Last Name	First Name	Home Club	Age	Hill	Sex
_____	_____	_____	_____	20/46	M / F
_____	_____	_____	_____	20/46	M / F
_____	_____	_____	_____	20/46	M / F

E-mail Address: \_\_\_\_\_

Skier Registration \_\_\_\_\_ x \$60

Family Registration \_\_\_\_\_ x \$130

Additional Lunch meals at the hill Saturday Lunch \_\_\_\_\_ x \$5

Additional Lunch meals at the hill Sunday Lunch \_\_\_\_\_ x \$5

Total Due \$ \_\_\_\_\_ Payable by check or credit card at the hill

**HOLD HARMLESS & IMDEMNITY-revised 6/1/06**

Athlete and/or parent(s) acknowledge jumping may cause minor or serious injury and hereby agree to ASSUME THE RISK of injury. Athlete and/or parent agree and covenant to hold harmless and indemnify the St. Paul Education Foundation and the St. Paul Ski Club, their successors, assigns, Board of Trustees, officers, employees, coaches and agents, all collectively referred to as Foundation, from any and all losses and costs, including attorney's fees incurred by the Foundation because of injury or loss to the athlete or parent and claims or suits brought by or on behalf of the athlete or parent(s) against any indemnities, or Foundation, arising out of the athlete's participation in the described skiing program, or any other program or function offered by the Foundation.

**MEDICAL RELEASE**

In the event that a parent cannot be reached, parent hereby authorizes the Foundation and/or its named coaches to secure any hospital, medical, dental or surgical care, treatment and/or procedure for the athlete. The parent also authorizes that in the event of injury to the athlete, the Foundation and/or its named coaches can sign for athlete to receive care, treatment and/or procedures, under the instructions and direction of the licensed physicians on call at the emergency room of a hospital or emergency facility. The Foundation shall notify parent at the earliest possible time during or after such care. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedure to encourage the physicians and the Foundation and/or its named coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedure. Parent specifically indemnifies and holds harmless the Foundation and/or its named coaches from any and all costs arising out of such care, treatment and/or procedures.

\_\_\_\_\_  
Guardian signature

\_\_\_\_\_  
Date

Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Primary Physician \_\_\_\_\_

Physicians Phone Number \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_