

# Ann Arbor Interscholastic Ski Team\*

## 2009-10 Registration

### Racer Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Gender (circle one): M F

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_

Address (if different)

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different)

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please return the following items:

- This Form
- \$400.00 check made out to **Ann Arbor Interscholastic Ski Team\*\***
- Waiver Form
- Medical Release Form
- Michigan High School Athletic Association, Inc. Medical History Form\*\*\* or your High School's approved Medical History Form

to: Ann Arbor Interscholastic Ski Team  
c/o Curtis Hoff  
3711 Oakmore Ct.  
Ann Arbor, MI 48103

Any questions please contact: Curtis Hoff (734-645-7779, [choff@hoff.com](mailto:choff@hoff.com))

\* Ann Arbor Interscholastic Ski Team is a Michigan Domestic Nonprofit Corporation

\*\* No refunds for any reason

\*\*\* Ann Arbor Interscholastic Ski Team is not a member of nor associated with the Michigan High School Athletic Association.

# Ann Arbor Interscholastic Ski Team\*

## WAIVER

### **ASSUMPTION OF RISK AND RELEASE OF LIABILITY – READ CAREFULLY BEFORE SIGNING**

I understand that skiing in its various forms, as well as preparation for participation in, on or off slope training for, coaching, volunteering, officiating and related activities in alpine competitions and clinics (hereinafter collectively referred to as "Activities"), involve many **RISKS, DANGERS and HAZARDS**. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects, structures or vehicles, being struck by skiers or equipment, and exceeding one's own abilities. I further understand that ski training and competition may be more hazardous than recreational skiing. I understand that **INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE of the Activities**.

I know that the risk of **SEVERE INJURY** and even **DEATH** exists in all training and competition locations and activities, including free skiing. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the Race Organizers, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors and representatives, local ski clubs, competition organizers and sponsors, and ski facility operators (hereinafter the term "Race Organizers" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

I agree to wear an appropriate alpine ski racing helmet on the hill at all times. I also agree to wear a helmet with a chin guard whenever training or racing in slalom.

With full knowledge and understanding of the **RISK OF SEVERE INJURY AND DEATH** involved in ski training and competition, **I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instructions or advice of RACE ORGANIZERS.

In partial consideration of RACE ORGANIZERS' acceptance of my racing application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter "Racer") agrees to comply with and be bound by the following terms at all times, whether training or practicing for competition, or in competition.

Racer hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND AND INDEMNIFY RACE ORGANIZERS (as defined above) FROM ANY CLAIMS**, present or future, to Racer or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including **DEATH**), suffered by any person from or in connection with Racer's participation in any Activities in which RACE ORGANIZERS is involved in any way, due to any cause whatsoever, **INCLUDING NEGLIGENCE** and/or breach of express or implied warranty on the part of RACE ORGANIZERS.

Racer hereby **RELIEVES RACE ORGANIZERS OF ANY DUTY TO PROTECT RACER FROM HARM** in connection with any Activities in which RACE ORGANIZERS is involved in any way.

1. Racer authorizes RACE ORGANIZERS to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of RACE ORGANIZERS, medical attention is required and Racer is unable to make such decisions for himself/herself. Racer agrees to pay all costs associated with such medical care and related transportation and shall **DEFEND, INDEMNIFY AND HOLD HARMLESS RACE ORGANIZERS** of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care.
2. Racer agrees never to utilize any run, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the run, course or facility.
3. This Agreement shall be construed in accordance with, and governed by the substantive laws of, the State of Michigan, without reference to principles governing choice or conflicts of laws. In addition, Racer agrees that all lawsuits for personal injury or related loss against RACE ORGANIZERS must be maintained in state courts sitting in Washtenaw County, Michigan or federal district courts sitting in the Eastern District of Michigan, Southern Division and Racer consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

**HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, RACER SIGNIFIES HIS ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:**

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Racer's printed name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### **SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR<sup>†</sup> RACERS**

As the parent or guardian of the minor Racer named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Racer, and any other parent or guardian of the Racer, intending that they be binding on me, the Racer, and our respective heirs, executors, administrators and assigns. I intend to give up my right, the Racer's right, and the right of any other parent or guardian to maintain any claim or suit against RACE ORGANIZERS arising out of the Racer's participation in any Activities involving RACE ORGANIZERS in any way. I believe and represent that **I HAVE LEGAL AUTHORITY TO MAKE THESE AGREEMENTS, REPRESENTATIONS, WAIVERS AND RELEASES, AND I AGREE TO DEFEND AND INDEMNIFY RACE ORGANIZERS** from and against any and all liability arising out of any lack of authority on my part to legally bind the Racer, or any unenforceability for any reason of the above agreements, representations, waivers and releases made by or on behalf of the Racer.

Parent or guardian's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<sup>†</sup> Racer is considered a "Minor" if he/she is under eighteen (18) years of age and resides in Michigan.

\* Ann Arbor Interscholastic Ski Team is a Michigan Domestic Nonprofit Corporation

# Ann Arbor Interscholastic Ski Team\*

## MEDICAL RELEASE

As parent/legal guardian or legal age racer, I have given permission and consent to coaches, officers, directors and volunteers of the Ann Arbor Interscholastic Ski Team to select any appropriate medical care for the racer while participating in any Ann Arbor Interscholastic Ski Team event. I hereby consent that the physician or other medical personnel selected is authorized to provide any necessary medical care for the racer. It is understood each racer must carry valid medical insurance coverage for any sickness, illness or injury while participating in any Ann Arbor Interscholastic Ski Team event. The responsibility for cost of any sickness, illness or injury is of the parent legal guardian or legal age racer.

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the Ann Arbor Interscholastic Ski Team of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities.

Racer's name: \_\_\_\_\_

Parent/legal guardian or legal age racer's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

Ann Arbor Interscholastic Ski Team participants are required to have their own health and Accident Insurance.

Please provide the following information.

### **IF POSSIBLE, PLEASE PROVIDE A COPY OF MEDICAL INSURANCE CARD**

COMPANY NAME: \_\_\_\_\_

POLICY: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

DRUG ALLERGIES: YES NO

(IF YES, EXPLAIN): \_\_\_\_\_

\_\_\_\_\_

CURRENTLY TAKING MEDICATION? YES NO

(IF YES, DESCRIBE): \_\_\_\_\_

\_\_\_\_\_

SPECIAL DIETARY NEEDS? YES NO

(IF YES, EXPLAIN): \_\_\_\_\_

\_\_\_\_\_

ANY HEALTH CONDITIONS OR CONCERNS? YES NO

(IF YES, EXPLAIN): \_\_\_\_\_

\_\_\_\_\_

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# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

## MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

|                            |              |       |                            |       |               |     |
|----------------------------|--------------|-------|----------------------------|-------|---------------|-----|
| STUDENT'S NAME:            | LAST         | FIRST | SEX                        | GRADE | DATE OF BIRTH | AGE |
| STUDENT'S ADDRESS:         | STREET       |       | CITY                       |       | ZIP           |     |
| FATHER'S / GUARDIAN'S NAME | WORK PHONE   |       | MOTHER'S / GUARDIAN'S NAME |       | WORK PHONE    |     |
| FAMILY DOCTOR              | OFFICE PHONE |       | HOME PHONE                 |       |               |     |

### INSURANCE STATEMENT & MEDICAL HISTORY

Our son/daughter will comply with the specific insurance regulations of the school district.

- Family Insurance Co. \_\_\_\_\_
- Contract # \_\_\_\_\_
- Signature of Parent or Guardian or 18-Year-Old: \_\_\_\_\_

| HISTORY                   | YES | NO | HISTORY                   | YES | NO | HISTORY                 | YES | NO |
|---------------------------|-----|----|---------------------------|-----|----|-------------------------|-----|----|
| <b>Have you ever had:</b> |     |    | <b>Have you ever had:</b> |     |    | <b>Do you now have:</b> |     |    |
| Fainting                  |     |    | Kidney Disease            |     |    | Painful Joints          |     |    |
| Diphtheria                |     |    | Tuberculosis              |     |    | Backaches               |     |    |
| Scarlet Fever             |     |    | Jaundice                  |     |    | Pounding of Heart       |     |    |
| Rheumatism                |     |    | Sickle-Cell Anemia        |     |    | Shortness of Breath     |     |    |
| Rupture                   |     |    |                           |     |    | Frequent Urination      |     |    |
| Rheumatic Fever           |     |    |                           |     |    | Cough                   |     |    |
|                           |     |    | <b>Do you now have:</b>   |     |    |                         |     |    |
| Poliomyelitis             |     |    | Blurred Vision            |     |    | Nosebleeds              |     |    |
| Pneumonia                 |     |    | Headaches                 |     |    | Frequent Sore Throats   |     |    |
| Asthma                    |     |    | Fainting                  |     |    | Stomach Pains           |     |    |
| Diabetes                  |     |    | Convulsions               |     |    |                         |     |    |
| Heart Disease             |     |    | Blackouts                 |     |    |                         |     |    |

### PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & Returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

| SYSTEM           | NORMAL | ABN. | SYSTEM                      | NORMAL | ABN. |
|------------------|--------|------|-----------------------------|--------|------|
| Urinalysis       |        |      | Thyroid                     |        |      |
| Vision           |        |      | Chest                       |        |      |
| Blood Pressure   |        |      | Lungs                       |        |      |
| Pulse Rate       |        |      | Heart                       |        |      |
| Ears             |        |      | Abdomen                     |        |      |
| Nose             |        |      | Hernia                      |        |      |
| Throat           |        |      | Genitalia / Testicular Exam |        |      |
| Teeth - Cavities |        |      | Neurologic                  |        |      |
| Orthopedic       |        |      | Muscular                    |        |      |

RECOMMENDATIONS: \_\_\_\_\_

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

|                           |                            |
|---------------------------|----------------------------|
| SIGNATURE OF EXAMINER: X  | CIRCLE ONE:<br>MD DO PA NP |
| PRINTED NAME OF EXAMINER: | DATE:                      |

### MEDICAL TREATMENT CONSENT

To be completed by Parent or Guardian or 18-year-old

I, \_\_\_\_\_, an 18-year-old, or the parent or guardian of \_\_\_\_\_, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD \_\_\_\_\_ DATE \_\_\_\_\_

X



# STUDENT AND PARENT OR GUARDIAN CONSENT FORM

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

**PLEASE PRINT:**

|                                |       |     |                 |       |        |
|--------------------------------|-------|-----|-----------------|-------|--------|
| STUDENT'S COMPLETE LEGAL NAME: |       |     | LAST            | FIRST | MIDDLE |
| STUDENT'S DATE OF BIRTH:       | MONTH | DAY | YEAR            | CITY  | STATE  |
| CIRCLE 7 8 9                   |       |     | PLACE OF BIRTH: |       |        |
| GRADE: 10 11 12                |       |     | SCHOOL:         |       |        |

## STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

\_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF STUDENT

## PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

\_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD

This form must be on file in the school office before practicing with any athletic team.

(Please Print)

## EMERGENCY INFORMATION - To be completed by Parent or Guardian or 18 yr. old

|  |              |
|--|--------------|
| Student's Name: _____  | Grade: _____ |
|  | Phone: _____ |
| IN EMERGENCY 1) _____  | Phone: _____ |
| CONTACT: _____   |              |
| or 2) _____  |              |
| My Family Doctor Is: _____ . Please detail any special medical information _____ |              |
| _____  |              |
| (allergies, known drug reactions, current prescribed medications)                |              |