



Pacific Northwest Ski Association

August 18, 2009

To: 2009 - 2010 PNSA Alpine Team Nominees
From: PNSA Board of Directors
Re: Alpine Team Contract

The PNSA Board of Directors congratulates you as a nominee to the 2009 - 2010 PNSA Alpine Team!

The Alpine Team selection procedures for 2009 – 2010 are as follows: Alpine Team nomination requires that the competitors be juniors (ages 15-19), maintain a permanent residence within division, are registered USSA & FIS members with a recognized PNSA club, were members in good standing of PNSA and USSA during the previous season and attended Northwest Cup races held in the previous season. The number of Alpine team members will be based on the Elite quota for the coming season. This year the quota consists of 9 men and 10 women. Selection is two-fold. Automatic status is reserved for athletes who placed 1st through 3rd in the NW Cup Overall Ranking from the previous season. The balance of team nominatons are selected from a single selection board using points from fall USSA points list (#1 which includes the adders). US Ski Team members (& Former Members) are considered honorary members of the PNSA Alpine Team.

Membership on the Alpine Team entitles you to the following:

1. PNSA Alpine Team Uniform piece.
2. PNSEF will pay up to 50% of FIS Entry Fees to Western Region FIS Races (may vary according to available funding).
3. PNSA Pace Skier List - Refer to Pace Skier Policy in the PNSA Comp Guide

In order to become an official member of the Alpine Team, nominees must first read the PNSA Alpine Team contract and sign it. **PLEASE READ THE CONTRACT CAREFULLY.** You must also complete the medical release form and the competitor contact information form. **Please return your signed contract and forms to the PNSA office as soon as possible.** You are not a member of the Alpine Team until this has been completed.

If you are not able to fulfill your Alpine Team contract and consequently do not plan to sign it, please notify the office by phone, 509-445-4454 or email to pnsa@pnsa.org on or before October 2nd.

Please contact us if you have any questions.

2671 Flowery Trail Rd, Usk, WA 99180-9740
phone: (509) 445-4454, fax: (509) 445-4455
email: pnsa@pnsa.org, web page: www.pnsa.org

PNSA Alpine Team Contract
2009 - 2010

Name of Alpine Team Member: _____

Phone: _____ Email: _____

I, _____, understand that being selected for the PNSA Alpine Team is a privilege and an honor, and that by accepting a position on the PNSA Alpine Team I am incurring certain responsibilities. My signature on this form indicates that I agree to the following:

1. I will attend Northwest Cup races during the 2009-2010 season. PNSA Alpine Team members will receive an excused absence for illness/injury (documented by a letter from athlete's physician) and for participation in FIS or College races.
2. I will participate in a fall and spring physical assessment, and have my test results submitted to the PNSA office.
3. I will make every effort to attend and assist with the PNSA/PNSEF 2009 fundraiser located in my area. Local Alpine Team members will be introduced at these events.
4. I will support and help younger PNSA racers by entering non-NW Cup PNSA races as often as possible.
5. I acknowledge and will abide by the USSA Code of Conduct and its responsibilities.
6. I will observe ski area rules and safety regulations, and will show courtesy when I am skiing. I acknowledge that I am a role model for all PNSA racers and I will conduct myself accordingly, on and off the slopes.
7. In the event I do not fulfill the terms and conditions required of me as a PNSA Alpine Team member, I agree that I shall immediately, upon being requested by PNSA to do so, return all benefits received, including clothing. In addition to returning all benefits, I agree to repay PNSA for the amount of funds paid in FIS entry fees. I understand that I will not be eligible for selection to future PNSA Alpine Teams.

I understand that my participation as a member of the PNSA Alpine Team will be reviewed during the 2009-2010 season.

Signature of PNSA Alpine Team Member

Date

Signature of Parent or Guardian, if under age eighteen (18)

Date

PNSA Competitor Contact Information Form
2009-2010

Name _____ Email: _____

Birthdate: _____ USSA #: _____ FIS #: _____

Please list your **Winter** mailing address:

Address: _____ Phone: _____

_____ Cell Phone: _____

Team _____ Ski Area _____

Coach _____ Coach Phone _____

Coach E-mail: _____

Mom's Name: _____

Mom's Email: _____

Mom's Home Phone: _____ Mom's Work Phone: _____

Mom's Cell Phone: _____

Dad's Name: _____

Dad's Email: _____

Dad's Home Phone: _____ Dad's Work Phone: _____

Dad's Cell Phone: _____

PNSA MEDICAL RELEASE

2009-2010

WE DO HEREBY AUTHORIZE any licensed physician and/or responsible staff member of any hospital in any state to administer whatever medical or surgical treatment, or therapeutic procedures they deem necessary for the diagnosis and treatment of _____ (THE SKIER). We consent to any examination, administration of any medication or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instruction or supervision of such physician or hospital staff person. This release is valid for the period from June 1, 2009 to May 31, 2010.

Every effort is made to contact parents or legal guardians of SKIER in the event emergency medical care is needed. Some hospitals, however, will not accept verbal authorization for treatment. Therefore, we suggest that parents fill out this form and send it to the PNSA Office.

SKIERS WHO WISH TO TRAVEL AS PART OF THE DIVISIONAL TEAM MUST SUBMIT THIS COMPLETED FORM.

INSURANCE CO.: _____ POLICY # _____

Please list any medical conditions your racer has that the Coaching Staff should be aware of. (Drug Allergies, Diabetes, Heart Trouble, Asthma, Medications, Injuries, etc.):

In case of Emergency, please notify:

NAME: _____ PHONE #: (____) _____

NAME: _____ PHONE #: (____) _____

DATED: _____, 20____.

(Signature of Parent or Guardian)

(Signature of the Skier / Athlete)

ADDRESS: _____ Phone (Wk) _____

_____ Phone (Hm) _____

_____ Phone (Cell) _____

Email: _____ FAX: _____