



Pacific Northwest Ski Education Foundation

August 2010

Dear PNSA Competitor,

PNSEF would like to invite you to participate in the Elite Season Pass Program for the 2010 – 2011 season. The following point cutoffs have been used to determine eligibility:

Men	180 or below in any discipline
Women	190 or below in any discipline

The top 3 finishers in the Buddy Werner Championship GS and SL who were 2nd year J4s when they competed are eligible to participate in this program.

This download contains your pass application and mandatory forms. Please mail your paperwork in a timely manner to get the most out of your Elite Season Pass. Please note a couple of important points regarding your pass:

1. The processing dates are Sept. 14, Sept 28, Oct. 12, Oct. 26, Nov. 9, Nov. 23, and Dec. 7. **Passes will be processed on these dates only.**
2. The cost of the Elite Pass is \$650.00.
3. Applications MUST be signed by your Head Coach or by a PNSA Board Member.
4. The application, cheque, 2 current 1x1inch photos and mandatory forms must be completed, signed and mailed to the PNSA office as soon as possible.
5. The pass holder must have competed in 50% of the PNSA scheduled races held by 2/20/10 (except BW Champ. winners).
6. Limited to competitors age 24 and younger.

We need **two current, 1"x1" pictures** to process your pass. Send **new, quality** pictures for your pass. **Do not send photocopies. Also, do not use pictures cut from old passes.** Please, no large pictures, or pictures with hats, goggles, or sunglasses. **Ticket checkers must be able to recognize you.**



ELITE SEASON PASS APPLICATION
2010 – 2011

Name _____ USSA # _____

Address _____ Phone _____

City, State, Zip _____ Email _____

(Please use the address where your pass should be mailed)

Home Ski Area _____

I have read and agree to abide by all the attached Elite Pass Rules and Guidelines set forth for use of the PNSEF/PNSAA Elite Season Pass.

Competitor _____ Date _____

Parent _____ Date _____

The above competitor is a bonafide member of our race team and will be racing on a regular basis this season.

Head Coach / Program Director _____

Ski Club / Team _____

Prices:

Competitor renewed with USSA June 30th or earlier: \$650

Competitor renewed with USSA July 1st or later: \$680 (\$30 late fee included)

Please send a check for the appropriate amount, made payable to PNSEF, and **two current 1x1 photos**. Send **new, quality** pictures for your pass. **Do not send photocopies. Also, do not use pictures cut from old passes.** Please, no large pictures, or pictures with hats, goggles, or sunglasses. **Ticket checkers must be able to recognize you.**

Elite Pass Processing Deadlines: **Sept. 14, Sept 28, Oct. 12, Oct. 26, Nov. 9, Nov. 23, and Dec. 7**

Mail to: PNSEF
2671 Flowery Trail Rd
Usk, WA 99180-9740

Office Use Only

Pass # _____ Date pd _____ Ck # _____

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

PNSEF / PNSAA "ELITE" SEASON PASS RULES AND REGULATIONS: 2010-2011

The "Elite" Pass is a PNSA tradition. It is an arrangement between ski area operators and ski racing unprecedented in the U.S. See the Pacific Northwest Ski Educational Foundation section for a history on the Elite Pass.

The following point cutoffs have been used to determine eligibility:

Men 180 or below in any discipline Women 190 or below in any discipline

RULES AND GUIDELINES

1. The PNSEF/PNSAA "Elite" Season Pass allows the purchaser (paid and current USSA/PNSA competitor) to ski at the participating PNSAA areas.
2. The racer, to be eligible for a pass, must be a member of an established PNSA Team or Club, with limited provision made to accommodate non-club racers. The pass is only available for racers ages 13 – 24 years old in the current season.
3. The pass will be valid September 15 through the Golden Rose of the current competition season.
4. The pass is not valid at PNSA sponsored training camps where the lift ticket is included in the camp fee. Ski area operators may choose to honor, or not honor, the Elite Pass at Oregon Interscholastic Ski Racing Assoc (OISRA) competitions.
5. Passes must be purchased by the last processing date of the competition year. For sufficient reasons, a petition may be submitted to the PNSA office asking for approval to purchase a pass after that date.
6. Applications will be processed seven times each fall at approximately two week intervals. Applications received after each processing date will have to wait until the next processing date for the pass to be issued.
7. If a pass holder should be injured, the racer may apply to the PNSEF for a refund on a pro rata basis. Refund requests must be submitted by Mar. 15th of the current season, with appropriate documentation.
8. If a pass is lost, a replacement pass can be purchased for an additional processing fee of \$30.00. Make pass replacement checks payable to PNSA.
9. The Elite Pass will be sold to all PNSA competitors who meet the Elite Pass cut-off points using USSA points list #1 of the current season. Competitors who renewed their USSA membership by June 30, 2010, qualify for the \$650 pass. Competitors who renewed their USSA membership on July 1st or later pay a late fee of \$30, or a total of \$680. Updated eligibility lists will be posted at the first of each month. Also, the top 3 finishers in the Buddy Werner Championship GS & SL who were 2nd year J4s when they competed are eligible to participate in this program.
10. Use of the Elite Pass is a privilege and is restricted to use by the purchaser only. All rules and regulations of the PNSA, PNSAA, USSA and other state/ski area policies where the pass is used shall apply. Abusers of the Elite Pass can be subject to prosecution by the ski area(s) and can result in disciplinary sanctions by PNSA to include possible suspension or revocation of the Elite Pass. (Please review the USSA Code of Conduct in your USSA Alpine Competition Guide and the PNSA Conduct and Disciplinary policies presented in the PNSA Competition Manual).
11. The pass holder must have competed in 50% of the eligible races scheduled by mid-February of the past season (except BW Champ. winners). PNSA racers, who were out-of-division attending races at a level higher than divisional racing, may apply those races toward the required 50%.
12. The pass holder assumes all risks and liabilities associated with the sport of skiing.

**2671 Flowery Trail Rd
Usk, WA 99180-9740**

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**phone: (509) 445-4454
fax: (509) 445-4455**

**email: pnsa@pnsa.org
web page: www.pnsa.org**

Pacific Northwest Ski Areas Honoring the "Elite Pass" in 2010-11

Alpental (See Summit at Snoqualmie)

Bogus Basin

Cooper Spur Ski Area

Crystal Mountain

49 Degrees North Mountain Resort

Hoodoo Ski Area

Hurricane Ridge

Leavenworth Ski Hill

Lookout Pass

Loup Loup Ski Bowl

Mission Ridge Ski & Board Resort

Mt. Ashland

Mt. Bachelor

Mt. Baker Ski Area

Mt. Hood Meadows Ski Resort

Mt. Hood Skibowl Winter Resort

Mt. Spokane Ski & Snowboard Park

Schweitzer Mountain

Silver Mountain

Ski Anthony Lakes

Spout Springs Ski Area

Stevens Pass Resort

Summit at Snoqualmie

Alpental

Summit East

Summit Central

Summit West

Timberline Lodge & Ski Area

Warner Canyon Ski Area

White Pass Ski Area

Willamette Pass Resort



PNSA Competitor Contact Information Form 2010-2011

Name _____ Email: _____
Race invitations will be distributed via 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: _____



PN SA MEDICAL RELEASE

2010-2011

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 July 1, 2010 to June 30, 2011.

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 PN SA 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: _____

**2671 Flowery Trail Rd
Usk, WA 99180-9740**
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