



# Pacific Northwest Ski Association

## A Division of US Ski and Snowboard

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### PNSA Alpine Team Contract 2017-18

Name of Alpine Team Member: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Coat Size:** circle one XXL XL L M S XS    **Circle one:** Men's sizing or Women's sizing

**Name as you want it on your jacket:** \_\_\_\_\_

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 2017-18 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 make every effort to attend and assist with the PNSA/PNSEF 2017-18 fundraiser located in my area. Local Alpine Team members will be introduced at these events.
3. I will support and help younger PNSA racers by entering non-NW Cup PNSA races as often as possible.
4. I acknowledge and will abide by the US Ski and Snowboard Code of Conduct and its responsibilities.
5. 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.
6. 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 207-18 season.

\_\_\_\_\_  
Signature of PNSA Alpine Team Member

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date