



September 2017

Dear PNSA Competitor,

PNSEF, PNSA and PNSAA would like to invite you to participate in the Elite Season Pass Program for the 2017-18 season. The following will be used to determine eligibility:

Ladies & Men: Category 3 or better in any discipline (USSA Points List #15 2016/17 season used)

This download contains your pass application and mandatory forms. Please fill out every form included. 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. You must be a current USSA/PNSA member to apply for an Elite Pass.
2. The price of the Elite Pass is \$695.00 (USSA/PNSA renewals on/after Oct. 26<sup>th</sup> incur a PNSA \$30 late fee – total cost goes to \$725.00).
3. The processing dates are every other Friday beginning September 15th through Dec. 15<sup>th</sup>. **No new passes will be issued after Dec. 15<sup>th</sup>.**
4. Applications MUST be signed by your Head Coach or by a PNSA Board Member.
5. The application, cheque, 2 current 1x1 inch photos and mandatory forms must be completed, signed and **postmarked by Dec. 8th.**
6. Limited to competitors age 12-24 years old.

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.

**Fill out and return all forms in this package.**

**MAKE CHEQUE PAYABLE TO PNSA**

Elite Pass Office – 1329 Section Ave - Quincy, WA - 98848  
phone: 509-655-9841 fax: 866-542-8664  
email: [claudia@pnsa.org](mailto:claudia@pnsa.org) website: [www.pnsa.org](http://www.pnsa.org)



## ELITE SEASON PASS APPLICATION 2017-18

Name \_\_\_\_\_ USSA # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
(Please use the address where your pass should be mailed)

Additional Donation to PNSEF: \$ \_\_\_\_\_

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 / PNSA 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 \_\_\_\_\_

### Pricing:

Competitor renewed with USSA Oct. 25th or earlier: \$695

Competitor renewed with USSA Oct. 26th or later: \$725 (\$30 PNSA late fee included)

**Please send a check for the appropriate amount, made payable to PNSA**, and two current 1x1 photos. Send new, quality pictures for your pass. Do not send photocopies or 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 Dates: Every other Friday beginning August 18 through Dec. 15.**

**Application must be postmarked by Dec. 8th**

Mail to: PNSA Elite Pass Office  
1329 Section Ave  
Quincy, WA 98848

### Office Use Only

Pass # \_\_\_\_\_ Date pd \_\_\_\_\_ Ck # \_\_\_\_\_

Photo \_\_\_\_\_ Athlete Contact \_\_\_\_\_ Medical Release \_\_\_\_\_

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# **PNSA / PNSAA / PNSEF ELITE SEASON PASS 2017-18**

The Elite Pass is a unique PNSA tradition. It is an arrangement between ski area operators and ski racing unprecedented in the U.S. The PNSA/PNSAA/PNSEF Elite Season Pass allows the purchaser (valid USSA competitor) to ski at participating PNSAA areas.

The following criteria will be used to determine eligibility for 2017-18

Ladies & Men:       Category 3 or better in any discipline

## **Eligibility**

1. The competitor, to be eligible for a pass, must be a member of an established PNSA Team or Club, or on the list supplied by the NWCSC, and in good financial standing with PNSA. Limited provision is made to accommodate non-club racers. The pass is only available for competitors age 12 - 24.
2. The Elite Pass will be sold to all valid USSA competitors who are members of PNSA and who meet the Elite Pass eligibility criteria as based on Category ranking. For NWCSC athletes, the top 10 men and 10 women from last year's NWCSC final totals are eligible to purchase an Elite Pass. All athletes must be registered to compete during the season the pass is purchased and must also be in good standing with PNSA.

## **Purchasing and Refund**

3. Applications will be processed eight times each fall at approximately two week intervals. Applications received after the current processing date will have to wait until the next processing date for the pass to be printed and sent.
4. 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.
5. Athletes who renew their USSA/PNSA membership on/after Oct. 25<sup>th</sup> are subject to a \$30 PNSA late fee. Pricing structures are included in the Elite Pass application.
6. If a pass is lost, a replacement pass can be purchased for an additional processing fee of \$30.00.
7. If a pass holder should be injured, the racer may apply to the PNSA for a refund on a pro rata basis. Refund requests must be submitted by March 15<sup>th</sup> of the current season, with appropriate medical documentation.

## **Policies and Guidelines**

8. In general, the pass will be valid September 15 through the Golden Rose race of the current competition season. PNSAA resorts reserve the right to adjust the validity dates to match their seasonal operating schedules.
9. 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 Association (OISRA) competitions.
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 ski area policies where the pass is used shall apply. Abuse of the Elite Pass can result in prosecution by the ski areas and/or 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 earlier in this Manual).
11. The pass holder assumes all risks and liabilities associated with the sport of skiing.

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# Pacific Northwest Ski Areas Honoring the Elite Pass in 2017-18



To Be Announced

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email: [claudia@pnsa.org](mailto:claudia@pnsa.org) website: [www.pnsa.org](http://www.pnsa.org)



## PNSA Competitor Contact Information Form 2017-18

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

Birthdate: \_\_\_\_\_ USSA #: \_\_\_\_\_ FIS #: \_\_\_\_\_

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

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

## 2017-18

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, 2017 to June 30, 2018.

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, Food Allergies, 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: \_\_\_\_\_



### SKI SCHOOL RELEASE OF LIABILITY

PSIA - NW and Member Schools Group Policy for the 2017/2018 Season

- 1) I am aware that skiing/snowboarding is a hazardous sport that includes certain risks and dangers, including the risk of serious injury to me. I voluntarily accept full responsibility for all risks involved, including risks inherent in skiing/snowboarding and in the ski area/mountain environment.
- 2) I accept my responsibility to ski safely at all times, to abide by the Skier Responsibility Code, and to obey all posted behavior notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk.
- 3) I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY \_\_\_\_\_ PNSA \_\_\_\_\_ Ski School and the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN \_\_\_\_\_ Ski Areas and any of (their/its) employees, agents, contractors, subsidiaries, officers or owners from all claims for any injury or damage resulting from any cause, including negligence, which arises out of participation in or travel to and from \_the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN Ski Schools/ Clubs. This Release is also binding as to any other persons, including all family members, heirs, and executors.
- 4) *If you are enrolling a minor child in ski school, please read and understand the following:* As part of ski school instruction and skiing/snowboarding, your child will ride the chairlifts. The ski school and/or ski area cannot guarantee that your child will ride the chair lift with any particular person. Your child may ride the lift with a student, instructor, a member of the public or may ride the lift alone. If this is not acceptable please do not enroll your child in ski school. By enrolling your child in ski school you understand and agree to have your child ride the lift with another ski school student, a member of the public, with an instructor or alone.
- 5) If I am signing on behalf of a minor, I recognize that I may not release any claims the minor ma have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in or travel to and from \_\_\_\_\_ PNSA \_\_\_\_\_ Ski School. I also agree to RELEASE, HOLD HARMLESS AND INDEMNIFY \_\_\_\_\_ the WA, ID, OR, NV, CA, WY, MT, UT USA, or AB, BC CAN Ski Schools/Clubs for any claims brought by or on behalf of the minor.

Student \_\_\_\_\_

Date

DOB                    /                    /

\_\_\_\_\_  
Parent/Legal Guardian if under 18 yrs. of age

Date

Print Parent/Legal Guardian name here: