Club Membership Form 2008-2009
MT. WASHINGTON SKI CLUB

Surname_____
Address_____City_____Postal Code_____
Phone (H)_____(Cell)_____Email_____
Father's Name_____Mother's Name_____

Programs

1. Please enter the totals from **Alcan Nancy Greene Ski League** form here $_____
2. Please enter the totals from **Kinder 1** form here $_____
3. Please enter the totals from **Kinder 2** form here $_____
4. Please enter the totals from **Junior/F.I.S** form here $_____
5. Please enter the totals from **All Mountain Skills** form here $_____
6. Please add **$50 per athlete** for Raffle book $_____
7. Please add $175 for Family membership **$175.00**

(Ski club membership fees are used for club cabin maintenance as well as Provincial membership fees for parents)

Total Enclosed $_____

Credit Card Payment Information:

☐ Visa ☐ MasterCard

Card Number: _____ Expiry Date: _____

Name of Card Number holder:_____

Please ensure that your four Volunteer cheques are also enclosed
Volunteer deposit Cheques not required if credit card # provided to cover the 4 above dates.

For volunteer sign up and more information, contact Karen Parker @ 250-286-6228or
wpc57@telus.net

CANADIAN SKI ASSOCIATION B.C. DIVISION
MINOR COMPETITOR RELEASE

I/We_____, request that my/our son(s)/daughter(s)

be allowed to participate in the events, activities and games sponsored by the Canadian Ski Association, B.C. Division and Mt. Washington Ski Club. In consideration of my/our children named above being registered in the Canadian Ski Association and allowed to participate, I/we and our heirs and assigns, hereby forever release, discharge, and hold harmless the Canadian Ski Association, B.C. Division and Mt. Washington Ski Club, its directors, officers, employees, representatives and agents from any liability for any injury, loss or damage sustained by the child(ren) named above, however caused, arising out of or in connection with the said child's participation in the said events and activities.

IN WITNESS WHEREOF, I/we sign this release on the_____day of _____, 20_____

Parent/Guardian **Parent/Guardian**

Address **Address**

Mail to: Paul Francisty, 2330 Lochsyde Dr., Duncan, B.C., V9L 5E7

For more information: www.mtwashington.bcalpine.com

07/27/08