



# WILLAMETTE ALPINE RACE PROGRAM

## 2011-12 REGISTRATION FORM

(Please Print)

PARTICIPANT INFORMATION				
Last Name:	First Name:	DOB: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:			P.O. Box:	
City:	State:	ZIP Code:	Phone Number: (    )	
Mother's Name:		Phone Number: (    )		
Father's Name:		Phone Number: (    )		
Emergency Contact Name:		Phone Number: (    )		
Doctor:		Phone Number: (    )		
Medical Insurance:		Policy/Group ID #:		
Medical Conditions:				
IN CASE OF AN EMERGENCY, I UNDERSTAND THAT A REASONABLE EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE TO SECURE PROPER TREATMENT, INCLUDING HOSPITALIZATION, ANESTHESIA, SURGERY OR INJECTIONS OR MEDICATION TO MY CHILD.				
Parent/Guardian Signature:			Date: / /	
RELEASE OF LIABILITY				
I acknowledge that ski racing is a hazardous activity and that I have made a voluntary choice to participate (or permit my minor child to participate) in WARP at Willamette Pass Resort despite the risks that it presents. I agree to assume any and all risks of injury or death, which may be associated with or result from my (or my minor child's) participation in this event.				
Initial Here: _____				
I further agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS the organizers of this program WARP and WILLAMETTE PASS RESORT and their owners, agents, landowners, affiliated companies, and employees for damage, injury, or death to the participant or to any persons or property (whether or not caused by their NEGLIGENCE) in any way connected with the participants, preparation, or practice or my participation in the above program, including all loss, claim or damage resulting from occurring due to participant's to failure to have and/or wear a helmet which is required to participate in a WARP sponsored event.				
Initial Here: _____				
<b>I, THE UNDERSIGNED, HAVE CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT AND ALL OF ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE AND INDEMNITY AGREEMENT WHICH MAY PREVENT ME OR ANY OTHER PERSON FROM RECOVERING ANY DAMAGES IN THE EVENT OF DEATH OR ANY OTHER INJURY TO THE PARTICIPANT. I NEVERTHELESS ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNEES, AND LEGAL REPRESENTATIVES. RELEASOR (18 AND OLDER) HEREBY ACKNOWLEDGES THAT I WILL NOT BE PERMITTED TO PARTICIPATE IN ANY WARP ON SNOW EVENT WITHOUT A HELMET.</b>				
Initial Here: _____				
Participant's Signature:			Date: / /	
<small>All participants must sign, regardless of age</small>				
Parent/Guardian Signature:			Date: / /	
<small>For participants under 18 years of age</small>				
WINTER PROGRAMS				
<small>Please check the Program you are applying for:</small>	<input type="checkbox"/> WINTER CAMP ONLY** \$225                      Ages 7+	<input type="checkbox"/> MITEY-MITES – 1 DAY (SAT.) \$400                      Ages 7 – 13	<input type="checkbox"/> YOUTH SKI LEAGUE – 1 DAY \$700                      Ages 7 – 13	<input type="checkbox"/> YOUTH SKI LEAGUE – 2 DAY \$1,000                      Ages 7 – 13
	<input type="checkbox"/> JUNIORS – 1 DAY \$900                      Ages 13 – 19	<input type="checkbox"/> JUNIORS – 2 DAY \$1,500                      Ages 13 – 19	<input type="checkbox"/> MASTERS \$350                      Ages 21 – 77+	<input type="checkbox"/> SNOWBOARDING – 1 DAY (SUN.) \$ 350                      Ages 10 – 14
**Includes USSA Trial Participant membership. All other categories require separate USSA membership, not included with WARP program fees. USSA membership & Willamette Pass Resort Indemnity Release forms available for download at <a href="http://warpracing.org">warpracing.org</a> . Online registration for USSA membership available at <a href="http://ussa.org">ussa.org</a> .				
<b>Method of Payment</b>				
Check No. _____ Please make checks payable to <b>Willamette Alpine Race Program (WARP)</b>				
Credit Card/PayPal Transactions: Please visit <a href="http://warpracing.org/join">warpracing.org/join</a> – PayPal Transaction ID # _____				
Referring Family: _____				
<b>Mail Completed Form To:</b> Willamette Alpine Race Program, Attn: Registration, 1574 Coburg Rd #180, Eugene, OR 97401-4802 <i>Please include completed Willamette Pass Resort Racer Indemnity Release and USSA Membership or Trial Participant forms with WARP Registration.</i>				