



**USCSA INDIVIDUAL COMPETITOR
NATIONAL REGISTRATION FORM**



Instructions: All of the following items of information must be completed in order to compete in USCSA governed competition. Each USCSA race participant is required to compete, sign, and submit this form to the USCSA National Office.

PLEASE PRINT OR TYPE ALL INFORMATION

Name of School _____ City _____ State _____

Last Name _____ First Name _____

Address **During** School Year _____ E-mail Address _____

City _____ State _____ Zip Code _____ Area Code _____ Phone Number _____

Permanent Home Address Check Box if Same As Above

Address _____

City _____ State _____ Zip Code _____ Area Code _____ Phone Number _____

Year in School _____ Sex M F Alpine Competitor Nordic Competitor Snowboard Competitor

FR SO JR SR Other _____ Age _____ Past Seasons of College Competition _____

Emergency Contact Information

Name of parent or guardian _____ Area Code _____ Phone Number _____

Code of Conduct on Restricted Substances: I understand that by virtue of my membership in USCSA, I may be required to participate in competition substance testing. By signing below, I agree to abide by and/or participate in such programs. I understand that failure to participate in competition substance testing will result in a sanction.

Competitor Signature _____ Date _____

NOTE: If you do not fully accept the conditions stated below, YOU ARE requested NOT TO PARTICIPATE in any event of the United States Collegiate Ski & Snowboard Association or its regional conferences.

I, the undersigned, and if a minor at the time of signing co-signed by a parent or legal guardian, understand that Alpine skiing, Nordic skiing and Snowboarding are action sports carrying significant risk of personal injury. Snowsport Competition is even more dangerous. I understand that there are natural and manmade obstacles or hazards, surface and environmental conditions and risks which in combination with my actions can cause me VERY SERIOUS INJURY or even DEATH. I ALSO assume FULL RESPONSIBILITY for carrying sufficient PERSONAL ACCIDENT and health insurance to meet those contingencies, and if not, that I'm requested not to participate. In the event of injury, I hold harmless my coaches, college, the USCSA Conference, the USCSA and its regional race officials, the USCSA and its officials, the hosting ski club, ski area or resort and its staff and any supporting sponsors.

NOTE: Send original copy to USCSA National Office; Make a copy for your team records.

I hereby indicate that I am covered by personal health and accident insurance.

Name of insurance carrier _____ Telephone Number _____

Competitor Signature _____ Date _____

Parent or Guardian if Legally a Minor _____ Date _____

Witness (Coach or Captain of Team) _____ Date _____