

Duluth/Superior Alpine Club Registration Form

Please return application and fee prior to October 15th. Registration for the Club is possible at anytime during the season; however, a late fee of \$10.00 will be added to each late Registrant.

It is possible to pay fee in 3 equal installments: the first payment is due by October 15th, the second payment is due by November 15th, and the third payment is due by December 15th. If a credit card is used for the initial payment, the second and third payments will automatically be billed on November 15th and December 15th. If your initial payment is by check, it is your responsibility to ensure the second and third payments are received on time. Application, waivers and initial fee payment must be received prior to participation in any DSAC practice (dry-land or on-snow).

Please see our website for information about the G. Scott Ransom Scholarship

If paying by check, make check payable to: Duluth/Superior Alpine Club

Please indicate amount enclosed: \$ _____

Check which one(s) apply: *installment payment* *full payment* *\$10.00 late fee*
(If your check includes another child's fee, please indicate amount intended for the athlete named on this application only.)

If charging, please circle: Visa / MasterCard

Please indicate amount to be charged: \$ _____

Check which one(s) apply: *installment payment* *full payment* *\$10.00 late fee*
(Please indicate amount intended for the athlete named on this application only.)

Card # _____ Exp. Date ____/____

Signature _____

HOLD HARMLESS AGREEMENT

I agree that I will not hold the Duluth/Superior Alpine Club, its Board of Directors, or its Coaches liable in any manner for any accident, injury or liability of any type that may occur during on or off snow training, racing, or any competition or event in connection with this club. I also give permission for use of my child's photograph in advertising or promotion of the Duluth/Superior Alpine Club.

Parent/Guardian's signature

date

Please Send Registration Form, Team Van Agreement and Payment to:

DSAC

PO Box 3616

Duluth, MN 55803

For more information, current news and announcements throughout the season, check out our Website: www.teamduluth.org

Contacts: Club Hotline 624-8539; Head Coach Scott Ransom: 628-9663; Club Administrator Gretchen Ransom: 628-9663. See website for your Parent Mentor contact, Board contacts.

DULUTH / SUPERIOR
Alpine Club

www.teamduluth.org

Duluth/Superior Alpine Club Registration Form

Duluth/Superior Alpine Club Team Van Agreement

I, _____, a Duluth Superior/Alpine Club athlete, understand the dangers of riding in a motor vehicle without wearing a seatbelt. Therefore, I promise and agree to sit in a proper seat and properly wear a seatbelt in the Team Van at all times while the Team Van is traveling. I understand "traveling" means: anytime the Team Van is in motion, waiting for traffic signals, etc., or anytime the Team Van is not parked. I will abide by all rules for riding in the Team Van set by the driver, coaches or other adults. I understand that riding in the Team Van is a privilege granted by the Club's coaches and Duluth/Superior Alpine Club, and not a right, and that as a privilege, any disobedience of this policy or other rules as set forth by the driver, coaches or other adults may result in revocation of this privilege.

Athlete Signature

Date

Printed Name

I, _____, parent/guardian of _____, a Duluth/ Superior Alpine Club athlete, understand that when my child rides in the Team Van, he/she will be required to wear a seat belt at all times when the Team Van is traveling and not otherwise parked. I also understand that my child will be required to follow all rules for riding in the Team Van set by the driver, coaches or other adults. I understand that riding in the Team Van is a privilege, granted by the Club's coaches and Duluth/Superior Alpine Club, and not a right, and that as a privilege, any disobedience of this policy or other rules as set forth by the driver, coaches or other adults may result in revocation of this privilege.

Parent/ Guardian Signature

Parent/Guardian Signature

Printed Name

Printed Name

Date

Date