

## PACCSA Membership and Yellowjackets Family Registration Form

Please mail or email to the contact address below:

- (1) This form (2 pages)
- (2) Yellowjackets child form, one for each child

**Payment:** Mail check payable to 'PACCSA Yellowjackets' for total fee or pay online with online registration form.

**Contact address:** Yellowjackets (C. Chepanoske), 6619 Northumberland St, Pittsburgh, PA 15217-1312; chepanoske2000@gmail.com

**Online registration form:** please complete online form as indicated on the website.

### PACCSA Membership

Name _____	Address _____
	_____
Email _____	_____
Telephone _____	_____

Photograph Consent – for promotional material and the PACCSA website.

I consent to the use of photographs and videos of members of my family by PACCSA, without limit or compensation.
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Newsletters are usually sent by email. Would you like yours mailed? Yes / No

Would you like to join the email group for PACCSA members? Yes/No

Family memberships: Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_

PACCSA needs volunteers! Let us know how you can help. \_\_\_\_\_

### Payment summary (not necessary if you already paid online)

Description	Option	Amount
PACCSA membership	Single (\$6) / Family (\$9)	
Yellowjacket 1	Bunny / Jackrabbit / Track    New/Returning	
Yellowjacket 2	Bunny / Jackrabbit / Track    New/Returning	
Yellowjacket 3	Bunny / Jackrabbit / Track    New/Returning	
Extra hat	How many?      \$15 each	
Optional donation		
<b>Total</b>	<b>Enclosed/already paid online</b>	

**PENNSYLVANIA CROSS COUNTRY SKIERS ASSOCIATION  
WAIVER AND RELEASE OF LIABILITY**

In consideration for the rights and privileges associated with membership in the Pennsylvania Cross Country Skiers Association (PACCSA) or participation in its programs I acknowledge and agree to be bound by the following:

1. Identification of Risks. I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross country ski competitions and clinics, involves risk of serious injury, including permanent disability, death and other losses, due to inactions or negligence of myself or others.

2. Assumption of the Risk. I agree that I am responsible for my safety while participating in activities associated with PACCSA and that such responsibility includes participation only; a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.

3. Waiver. Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the PACCSA, Laurel Ridge State Park, the Commonwealth of Pennsylvania and their affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, ski centers, event organizers or sponsors (Released parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with PACCSA, except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who may pursue any legal action or claim on my behalf.

4. Insurance. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

For participants of minor age:

Athlete's Name: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

This is to certify that, as parent/legal guardian of this (these) above named minor(s), I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_