

Team Tamarack Registration Packet

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What to sign and return:

- TSEF/Team Tamarack Release/Registration – **Item 1**
- Code of conduct acknowledgement/understanding form - **Item 2**
- Team Tamarack Financial Agreement – **Item 3**
- Team Tamarack Parent Assistance/Volunteer Agreement – **Item 4**

Please tear of this page and return all documents signed to:

Team Tamarack Registration
P.O. Box 847
Donnelly, ID 83615



THIS IS A LEGAL DOCUMENT. PLEASE READ IT CAREFULLY BEFORE SIGNING.
PLEASE PRINT CLEARLY.

**RELEASE OF LIABILITY/REGISTRATION
ATHLETIC PROGRAMS 2009-10
Tamarack Sport & Education Foundation**

Parent/Guardian Last Name _____ First Name _____

Address _____ PO Box# _____

City _____ State _____ Zip _____ Country _____

Home Phone () _____ Work Phone () _____

Cellular Phone () _____ Add'l Cellular/Pager () _____

E-Mail Address _____

1. The undersigned, being at least 18 years of age, hereby represents that I am the parent or legal guardian of child(ren) listed below (individually and collectively referred to hereinafter as “my Child”) and that I have full power to enter into this agreement. This release is valid and binding for the period 2009-10 and is applicable to my Child’s participation in all **Tamarack Sport and Education Foundation (TSEF)** Athletic Programs.

Please describe below any health conditions **TSEF**, and its employees, should know about.

Child’s Name Include last name if different.	Birth Date Mo/Day/Yr	Age	Gender	Allergies and Special Needs If there is no entry made below, we assume there are no allergies or special needs of which we should be aware.
1.				
2.				
3.				

2. Another person TSEF may contact in an emergency is:

Name: _____ Phone: _____

Relationship: _____

3. TSEF has my permission to release my Child to the following people (include name of parents in this list if applicable, as well as other authorized people):

4. I desire that my child participate in one or more of the children's programs offered by TSEF during the 2008-2009 Season. I understand when I enroll my Child, my Child could participate in, but is not limited to, the following programs:

- TSEF Alpine J6/7 Devo Team, Ages 6-8, (Weekends 12/19-3/13) - \$600
- TSEF Alpine J6/7 Devo Team, Ages 6-8, (3-day, 12/19-3/13) - \$800
*Fri. PM training (1/8 – 2/26)
- TSEF Alpine J4/5 Devo Team, Ages 9-12, (Weekends 12/13-3/21) - \$800
- TSEF Alpine J4/5 Devo Team, Ages 9-12, (3-day, 12/13-3/21) - \$1000
*Fri. PM training (1/8 – 2/26)
- TSEF FreeRide/FreeStyle Devo Team (Weekends 12/13-3/21) - \$800
- TSEF FreeRide/FreeStyle Prep Team – 4 day/wk (Mid-Dec – Late Mar.) - \$1200
- TSEF FreeRide/FreeStyle Prep Team – 3 day/wk (Mid-Dec – Late Mar.) - \$1,000

***Alpine teams train Friday nights (TBA) and Saturdays (9:30 – 3pm) at Little Ski Hill and free ski at Brundage Mt. on Sundays (9:30 – 3pm).**

*****Special arrangements can be made to combine 2 programs to make 1 program**

- If programs differ in price, the higher amount is the cost

Please list special interests: _____

(Herein after and collectively, the "Program").

If, in TSEF's judgment, my Child is enrolled in a program not appropriate to his or her age/ability level, TSEF HAS MY PERMISSION TO MOVE MY CHILD to the appropriate program, when space is available. If space is not available in the appropriate program, I understand that my Child will be placed in the care of a TSEF employee or representative until I can be contacted.

In consideration of TSEF furnishing services, access, facilities and/or equipment to my Child, I agree on my behalf and on behalf of my Child as follows:

I fully understand and acknowledge that participation in the TSEF Athletic Programs involves outdoor recreational activities having inherent risks, dangers and hazards. I am aware that outdoor recreational activities offered by TSEF in the Athletic Program may include but are not limited to: snow skiing, ski racing, freestyle skiing and/or snowboarding, hiking, and related activities all of which involve many natural and man-made **RISKS, DANGERS AND HAZARDS**, including but not limited to changing weather: snow and light conditions, variations in terrain, moguls, forest growth, rocks and debris, lift towers, incidents relating to chairlift loading, riding and unloading, man-made terrain features (such as dips, rolls, jumps, banked turns and spines), equipment failures, collisions, and negligence of others. I also understand that my Child may encounter such risks at any time, and that **SERIOUS INJURY OR DEATH MAY RESULT**. I have made a voluntary choice to enter my Child in the Program. **I AM AWARE THAT MY CHILD MAY RIDE ON THE CHAIRLIFT ALONE. I FURTHER UNDERSTAND THAT EVEN IF ACCOMPANIED ON THE CHAIRLIFT BY AN ADULT, MY CHILD MAY BE SUBJECT TO THE SAME RISKS DANGERS AND HAZARDS AS IF HE OR SHE WERE RIDING ALONE.** I acknowledge that TSEF having provided instruction to my Child does not eliminate the risks, dangers and hazards of these recreational activities.

I understand that my Child may encounter many **RISKS, DANGERS AND HAZARDS** associated with his or her activities or the actions of others during transportation to and from the resort or otherwise when not involved in outdoor recreation, including but not limited to: tripping, falling, colliding with objects or other people, choking, and the deliberate or negligent acts of others.

I also recognize that due to the competitive nature of certain activities, such as ski racing, freestyle skiing and/or snowboarding, terrain park and half pipe, that these activities are more hazardous than recreational skiing and snowboarding. I have made a voluntary choice to allow my Child to participate in these activities despite the **RISKS, DANGERS AND HAZARDS** that they present. I agree that TSEF shall have no duty to warn or inform me as to the nature, layout, or condition of the race course and man-made and natural terrain features. I accept responsibility for educating myself (and if applicable, my Child) as to the nature, layout, and condition of the race course and man-made and natural terrain features by conducting a visual inspection of each course and terrain features prior to participation.

5. For myself and on behalf of my Child, I ASSUME ALL RISKS OF INJURY OR DEATH which may be associated with and/or result from my Child's participating in TSEF Athletic Programs (herein "Program"), and I hereby release TSEF, its owners, representatives,

agents, affiliates, partners, officers, directors, and employees from any liability, claims, demands, actions, and causes of action whatsoever for any loss, damage, injury, illness or harm of any kind and nature to my Child or to any other person arising out of or related to my Child's participation in the Program including during transportation to from and within the resort property.

6. On behalf of myself and my Child, I hereby voluntarily release, waive, discharge, hold harmless, agree to defend and indemnify **Tamarack Sport & Education Foundation**, its owners, representatives, agents, affiliates, partners, officers, directors, and employees, from and against any and all claims, actions, or losses by reason of bodily injury, property damage, wrongful death, or from other damage or injury to my Child that may arise out of the use of any equipment or services or my Child's participation in **TSEF** related activities and events.
7. In the event my Child's equipment becomes unsafe, broken, or misplaced, I authorize **TSEF** to fit my Child with equipment from the Tamarack Rental Shop or other appropriate rental facility, if available, so that my Child may continue his or her participation. In such case, I authorize a **TSEF** representative to execute the Rental Shop Form. I agree to promptly pay the cost of such equipment rental.
8. I authorize **TSEF** to call for medical care for my Child or to transport my Child to the nearest clinic or hospital if, in the opinion of the local medical provider and/or **TSEF** staff, medical attention is advisable for my Child. I agree that upon delivery of my Child to any medical facility, clinic or hospital that the responsibility of **TSEF** shall be totally fulfilled and **TSEF** shall not thereafter have any further responsibility for care relating to my Child. I agree to pay all costs associated with such medical care and related transportation for my Child and indemnify and hold **TSEF** harmless from any costs incurred therein.
9. I warrant and represent that my Child is in good health and there are no physical or health related limitations associated with the care of my Child and I have left no special instructions regarding my Child, unless contained above and/or on any attached **Special Needs Information**.
10. The laws of Idaho shall control any dispute that may arise out of this agreement or otherwise between the undersigned, the Child of the undersigned and **TSEF**, its owners, representatives, agents, affiliates, partners, officers, directors, and employees. Venue for any such action shall be in Valley County, Idaho.

I have carefully read and I understand this agreement and all of its terms. I understand that this is a RELEASE OF LIABILITY which will legally PREVENT me or any other person from recovering in any lawsuit or in connection with any other legal claim for damages in the event of my Child's death or any injury to my Child. I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me and my heirs, assigns and legal representatives. I intend that this release be valid and binding for the period 2009-10.

FOR MYSELF AS AN INDIVIDUAL AND AS THE PARENT OR GUARDIAN OF MY CHILD:

Signature

Please print name

Date

By signing this enrollment form and Release of Liability, I acknowledge that I have read and agree to the foregoing.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE CODE OF CONDUCT AS STATED IN THE PARENT/ATHLETE HANDBOOK AS A CONDITION TO TSEF PARTICIPATION.

Print Name (Athlete)

Signature

Print Name (Parent/Guardian)

Signature

Item 3
Team Tamarack 2008-09
Financial Agreement

Athlete Name: _____	Age: _____	Date: _____
Bill-To Name: _____		
Bill-To Address: _____		

Total Fees Due: _____	Team/Program: _____
Deposit Amount: _____	
Scholarship Amount: _____	_____ (Signature of TSEF Treasurer required)
Less Other Credit: _____	_____ (describe, if an employer match, employer name/signature required)
Balance Due: _____	

Payment Terms
<input type="checkbox"/> <i>Single payment.</i> I wish to pay in full at the start of the program
<input type="checkbox"/> <i>Payment Schedule.</i> I wish to make agreed payments.
_____ (Describe payment schedule in full)

Refund Policy
I have read and understand the refund policy written and stated in the Team Tamarack Parent Handbook.
_____ (Initials)

Credit Card Information (required on file, regardless of payment terms)
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex Card No _____ Exp. Date _____
Name on Card _____ Zip Code _____ Security No _____

I agree to pay all fees, charges and expenses of services rendered. I understand that if I do not do so that services (coaching, training, team travel, participation in Tamarack Academy and others) may be terminated without further notice. I further agree and understand that balances more than 10 days past due, not otherwise settled or have made arrangements for, will be charged to my credit card.

Print Name Signature Accepted by (TSEF)

Office Use Only

Parent Assistance/Volunteer Deposit

I agree to assist and volunteer a minimum of 10 hours of time to Team Tamarack fundraisers, competitions and/or events for the 2009-10 season. I understand that the volunteer deposit program is only a deposit. I have enclosed a \$100 check postdated to 5/1/2010. This check will be returned to me if I am called upon and fulfill my volunteer duties. In the case that I am called upon and cannot fulfill the volunteer duties, my check will not be returned.

(Print name)

(Signature)

(Date)

*Please attach check below.