

<b>BWYSL Use Only</b>	
Registration Paid \$	_____
Background Check Paid \$	_____
Ck#	_____ Cash _____
Initial:	_____

**BUDDY WERNER YOUTH SKI LEAGUE**  
**6166 Enterprise Drive, Suite C**  
**Diamond Springs, CA 95619**  
**Web Address: [www.bwtahoe.com](http://www.bwtahoe.com)**  
**Questions: [cmp@computing-solutions.net](mailto:cmp@computing-solutions.net)**

**REGISTRATION 2011-2012 SKI SEASON**

Skier's Name: \_\_\_\_\_ (hereinafter, the "Skier" or "Participant") Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Returning BWYSL Skier? Yes  No  If Yes: Race Team  -or- Pre-Race Team

If No, Describe Skier Experience: \_\_\_\_\_

Skier's Shirt Size: Youth Med.  Youth Lg.  Adult Sm.  Adult Med.  Adult Lg.  Adult XL

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

I(we) \_\_\_\_\_ in consideration of and as a condition precedent to my(our) child, \_\_\_\_\_'s participation in Buddy Werner Youth Ski League (the "League"), for myself, my(our) child, and our heirs, personal representatives and assigns hereby:

1. Acknowledge that the sport of skiing is a dangerous activity involving the risks of serious injury and/or death, including, but not limited to, those associated with snow conditions, terrain, obstacles, equipment, and other snow sport participants, and that such risks are greater for participants in the Buddy Werner Youth Ski League by reason of the instruction, training, and competition of the ski racing program.
2. Acknowledge that the League is made up of non-professional volunteers who provide coaching, training, and supervision of Participants at ski practice and ski racing at Sierra-At-Tahoe Resort.
3. Knowingly and voluntarily assume the risks of my(our) child's participation in the League program with full appreciation of the inherent risks and the nature of the ski program and its organization as an all-volunteer organization.
4. Release, discharge, and promise not to bring suit against Buddy Werner Youth Ski League, its members, volunteers, participants, agents, coaches, or representatives, and Sierra-At-Tahoe, in connection with any claim, loss, liability, harm, damage or injury arising from my(our) child's participation in the League. This release, discharge, and promise shall include all claims based on any legal theory, including, but not limited to, negligence, which may be alleged to have caused or contributed to harm suffered by my(our) child.
5. Agree to indemnify and hold harmless Buddy Werner Youth Ski League, its members, volunteers, participants, agents, coaches, or representatives and Sierra-At-Tahoe from and against any loss, claim, liability, or demand which may arise as a result of my(our) child's participation in the League.
6. Agree that this Release, Waiver, Assumption and Indemnity Agreement is governed by the laws of the State of California and is intended to and shall be as broad and inclusive as is permitted by California Law.
7. The provisions hereof shall be deemed independent and severable, and a determination of invalidity or partial invalidity or enforceability of any on provision or portion hereof by a court of competent jurisdiction shall not affect the validity and enforceability of the remainder of provisions of this Agreement.
8. Acknowledge that this document is a contract and agree that if a lawsuit is filed against Buddy Werner Youth Ski League, its members, volunteers, participants, agents, coaches, or representatives, as a result of my(our) child's participation in the Buddy Werner Youth Ski League, the undersigned will pay all attorney's fees and costs incurred by the League or those persons named in defending such an action.

Acknowledged and Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

Parent/Guardian Signature(s):

X \_\_\_\_\_  
 Relationship to Skier: \_\_\_\_\_

X \_\_\_\_\_  
 Relationship to Skier: \_\_\_\_\_

**2011-2012 SEASON  
BUDDY WERNER YOUTH SKI LEAGUE  
MINIMUM ELIGIBILITY REQUIREMENTS**

In addition to the conditions contained in the Skier/Parent Handbook, the following minimum requirements must be met in order for a Skier to be eligible for participation in Buddy Werner Youth Ski League:

1. League Skiers must be at between the age of six if parent skis with child or seven (7) years thru fourteen (14) years, but in no event beyond eighth (8<sup>th</sup>) grade, as of December 10, 2011. *Initial* \_\_\_\_\_
2. Skiers must have basic skiing ability, be able to stop, turn left, turn right, and be able to independently load and unload from the ski lift. *Initial* \_\_\_\_\_
3. Skiers must be responsible for their own equipment and clothing, and provide for their transportation to and from ski practices and races. *Initial* \_\_\_\_\_
4. Each Skier will be assigned a racing bib to wear for the season. Skiers shall be responsible for the care and safekeeping of the bib. If the bib is lost or destroyed, the parent/guardian shall be responsible for the cost of replacement. The current cost of bib replacement is \$15.00. *Initial* \_\_\_\_\_
5. If after the start of the Season (as defined in the BWYSL Skier/Parent Handbook), it becomes evident that a Skier does not meet the minimum eligibility qualifications referenced hereinabove, Buddy Werner Youth Ski League reserves the right to deny that Skier's participation in the League until such time as that Skier becomes eligible. If participation is denied, the League will refund a pro-rata percentage of the Registration Fee, to be calculated based on the number of races in the Season and the number of races the Skier has participated in at the time of the determination of denial. *Initial* \_\_\_\_\_

I have read, understand, and agree to the above conditions:

X \_\_\_\_\_

X \_\_\_\_\_

Relationship to Skier: \_\_\_\_\_

Relationship to Skier: \_\_\_\_\_

**2011-2012 SEASON  
BUDDY WERNER YOUTH SKI LEAGUE  
MEDICAL INSURANCE INFORMATION**

**INSURANCE INFORMATION**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Male:  Female:

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Does Participant have allergies? Yes  No  Does Participant take medication? Yes  No

If yes, please describe the allergy and medication requirements: \_\_\_\_\_

Does Participant wear corrective lenses while participating in skiing? Yes  No

Please indicate any additional information you would want a medical practitioner to know about your child, should an emergency situation arise. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Participant's Physician \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Emergency Phone Number for Participant's Parent/Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Emergency Contact (other than Parent):	Name: _____	Phone: _____
	Name: _____	Phone: _____
	Name: _____	Phone: _____

**2011-2012 SEASON  
BUDDY WERNER YOUTH SKI LEAGUE  
MEDICAL INSURANCE INFORMATION**

**MEDICAL ATTENTION AUTHORIZATION AND CONSENT**

I(we), the undersigned Parent or Legal Guardian of \_\_\_\_\_, shown on the Registration Form attached hereto, hereby authorize Buddy Werner Youth Ski League, through its agents, officials, and coaches, to consent on my(our) behalf, to any emergency medical and/or hospital care to be rendered to my child upon the advice of a licensed physician. This Authorization and Consent is given in conjunction with any Buddy Werner Youth Ski League practice or event in which my child is a Participant. It is understood that if time and circumstances permit, Buddy Werner Youth Ski League agents, officials, and coaches will make every reasonable effort, but shall not be required, to communicate with me(us) prior to such administration of emergency treatment by a licensed physician.

The undersigned further agree(s) that Buddy Werner Youth Ski League, its agents, officials, and coaches are not to be held legally or financially responsible for any claim arising from any Consent given on my(our) behalf by any or all of them in good faith, in connection with such diagnosis or advised treatment of my(our) child by a licensed physician.

This Authorization and Consent is given by me(us) pursuant to the provisions of Section 25.8 of the California Civil Code.

I(we) have read, understand, and agree to the above Authorization and Consent this \_\_\_\_ day of \_\_\_\_\_, 2011:

X \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

X \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_