

**MANITOBA MASTERS SKI CLUB / ALPINE SERIES
MEMBER REGISTRATION 2018-19**

First name: _____ Last name: _____

Address _____ email _____

City _____ MB Postal Code _____ Sex _____ Age _____

MB Medical _____ MB PHIN _____

Birth date _____ / _____ / _____ Phone (H) _____ (W) _____
Month Day Year

MEMBERSHIP AND REGISTRATION FEES PAYABLE:

Full Member: Includes Basic Program and Race Series \$225.00	\$ _____ .00
Associate Member (supporter or volunteer without racing or training program) \$75.00	\$ _____ .00
National Masters Competitor Card Member (includes Full Membership) \$385.00	\$ _____ .00
TOTAL	\$ _____ .00

Please be sure to make **out one cheque payable** to the MANITOBA MASTERS SKI CLUB. All Registration forms and cheques may be brought to our Annual Open House/Registration night or mailed/dropped off to:

The Treasurer
 Manitoba Masters Ski Club
 c/o 534 Berry Street
 Winnipeg, MB R3H 0R9

CONSENT, RELEASE AND WAIVER

In consideration of my acceptance into the Manitoba Masters Ski Club/Alpine Series I, _____ hereby for myself, my heirs, executors, administrators and assigns, release and forever discharge the Manitoba Masters Ski Club/Alpine Series, its organizers, servants, agents, sponsors or volunteers from any and all claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in the above named activity, notwithstanding any such loss, injury or damage may arise by reason of the negligence of the Manitoba Masters Ski Club/Alpine Series, its organizers, agents sponsors or volunteers. Without limiting the generality of the foregoing, I further release any and all recourses that I may now or hereafter have resulting from any decisions of the Manitoba Masters Ski Club/Alpine Series.

From time to time, the MMSC publicizes the accomplishments of its skiers and associate members to the community through various means such as newsletters, displays, internet website and press releases for purposes, such as, but not limited to training athletes, training coaches, advertising, promotions and communications. The MMSC also uses the club website to record times and other accomplishments of its members. In order to avoid any confusion or misunderstandings about privacy and use of personal information we ask permission from each member to publish names, photographs and/or video images in these forms. Please complete the areas below indicating that you give permission to the MMSC to use your name, photograph and/or video images, times/achievements and email address. By placing a checkmark below, I consent to the following:

- Publishing and/or posting race results, photographs and videos Yes
- Contacting me by email regarding news, events, club activities or other ski related activities Yes
- Including my name, address and phone number in the club roster Yes

Signed, Sealed and Delivered

At _____, this _____ day of _____, 2018

Signed _____ Witness _____

MANITOBA ALPINE SKI DIVISION

CODE of CONDUCT

For all members – part 2 of registration process

These codes reflect the policy of the Manitoba Alpine Ski Division. They are intended to provide guidance to all persons who are associated with Alpine Ski racing including athletes, coaches, officials, parents, board members and staff. The codes are not an exclusive statement for the conduct of ski racing. They are a statement of ethics which underlie more detailed policies. The aims of the Code of Conduct are to make ski racing more enjoyable, healthy and worthwhile activity for all participants.

- Compete for the enjoyment: winning is only part of the sport.
- Treat athletes, coaches, officials, parents, managers and facility staff, with respect and courtesy.
- Show your appreciation to these people, without them, you could not participate.
- Be aware of and adhere to the rules for training and race days.
- Remember that violence, name calling, swearing, put downs, physical abuse or harassment will not be tolerated.
- Understand that possession or use of alcohol, illicit drugs, controlled or restricted substances will not be tolerated on-hill or in performance of their duties as a member of the Club, MASD or Alpine Canada.
- Do not criticize athletes, coaches, officials or people involved with them; including training, competition or related activities.
- Be aware that the use of all sport facilities, equipment, accommodation and transportation are privileges; respect property of others as well as your own.
- Project a positive image of the sport at all times.
- Display control, respect, dignity and professionalism to all involved with ski racing.
- Ensure that coaching / training and competitions take place in a safe environment and are appropriate for the age, maturity, experience and ability of the skiers.

The undersigned understands and agrees to abide by the contents of the Code of Conduct as set forth above. Failure to do so may result in disciplinary action.

Signed _____ 20_____.

Print Name

Signature

Parents' or Guardians' signatures (if athlete is under 18)

Club President's Signature

Forward signed copy to MASD office along with Registration form. **Optional - Club can retain second copy.**



ALPINE CANADA ALPIN

ALPINE CANADA ALPIN
MEMBERSHIP REGISTRATION FORM / FICHE D'INSCRIPTION DES MEMBRES
SEASON _____ SAISON _____



ALPINE CANADA ALPIN

A. PERSONAL INFORMATION / RENSEIGNEMENTS PERSONNELS

SURNAME / LAST NAME: _____ SEX / SEXE: _____ DATE OF BIRTH (D/M/Y) / DATE DE NAISSANCE (J/M/A): _____
 NOM / PRENOM: _____

MAILING ADDRESS / ADDRESS POSTAL: _____ CITY / VILLE: _____ PROV / PROV: _____ POSTAL CODE / CODE POSTAL: _____

HOME PHONE / TÉL DOMICILE: _____ CELL PHONE / TÉL CELLULAIRE: _____ EMAIL / COURRIEL: _____

SCHOOL/ÉCOLE: _____ LEVEL OF STUDY/NIVEAU SCOLAIRE: _____

PROGRAM/PROGRAMME D'ENCADREMENT: _____

PREFERRED LANGUAGE: ENGLISH FRENCH MEMBERS HEALTH CARD NUMBER / CARTE D'ASSURANCE MALADIES: _____
 LANGUE DÉSIRÉE: ANGLAIS FRANCAIS

Aboriginal Ancestry/Acsendanse aborigène: Status/Treaty/Traite Métis Inuit Non-Status

FATHER'S NAME / NOM DU PÈRE: _____ MOTHER'S NAME / NOM DE LA MÈRE: _____

EMERGENCY CONTACT / CONTACT EN CAS D'URGENCE: _____ RELATION / RELATION: _____

PHONE / TÉLÉPHONE: _____

B. PROGRAM INFORMATION / RENSEIGNEMENTS SUR LE PROGRAMME

*SELECT THE BOXES THAT APPLY TO YOUR PROGRAM THIS SEASON
 CHOISI LES CADRES QUI SONT APPROPRIER A TONS PROGRAMME CETTE ANNÉE*

DISCIPLINE

ALPINE / ALPIN
 SKI CROSS
 ALPINE / ALPIN + SKI CROSS

LEVEL / NIVEAU

COMMUNITY / COMMUNAUTÉ
 GENERAL MEMBER / MEMBRE GENERAL
 ENTRY LEAGUE / PROG DÉV
 COMPETITIVE MEMBER / SKI COMPÉTITIF
 U10 U12 U14 U16 U18
 U21 MA
 COACH / ENTRAÎNEUR
 OFFICIAL / OFFICIEL
 VOLUNTEER / VOLONTAIRE

CARD / CARTES

RECREATION / RÉCREATIONNEL
 NATIONAL / NATIONAUX
 FIS INT(1 DISCIPLINE)
 FIS INT(2 DISCIPLINE)
 FIS CAN (1 DISC)
 FIS CAN (2 DISC)

CLUB NAME / NOM DU CLUB: _____

PSO/OSP: _____ REGION/RÉGION: _____

NATIONAL CARD NO: _____
 N CARTES NATIONAUX: _____

FIS CARD NUM (A): _____
 N CARTES FIS (A): _____

FIS CARD NUM(SX): _____
 N CARTES FIS(SX): _____

C. CONSENT / CONSENTEMENT

I HAVE READ AND UNDERSTAND THIS RELEASE OR LIABILITY AND INDEMNIFICATION AGREEMENT ON THE REVERSE PRIOR TO SIGNING IT AND I AM AWARE THAT BY SIGNING THIS RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXTOF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. *IN SIGNING THIS CONSENT/RELEASE I AGREE TO THE FOLLOWING:*

A) AUTHORIZE ACA/PSO AND/OR CLUB TO USE MY IMAGE IN PRINT OR VIDEO FOR THE PROMOTION OF SKIING.

B) AUTHORIZE ACA/PSO AND/OR CLUB TO USE MY EMAIL ADDRESS SUPPLIED ABOVE FOR COMMUNICATION PURPOSES. I DO NOT AUTHORIZE ACA/PSO AND/OR CLUB TO RELEASE THIS PERSONAL INFORMATION TO A THIRD PARTY FOR PROMOTION OR SOLICITATION.

JE DÉCLARE AVOIR LU ET COMPRIS CETTE EXONÉRATION DE RESPONSABILITÉ ET D'INDEMNISATION AU VERSO AVANT DE LA SIGNER. JE COMPRENDS PARFAITEMENT QU'EN SIGNANT LADITE EXONÉRATION DE RESPONSABILITÉ ET D'INDEMNISATION, JE RENONCE À CERTAINS DROITS RECONNUS PAR LA LOI QUE MES HÉRITIERS OU MOI-MÊME, MES PLUS PROCHES PARENTS, MES EXÉCUTEURS TESTAMENTAIRES, LES ADMINISTRATEURS DE MA SUCCESSION ET MES AYANTS DROIT POURRIONS AVOIR CONTRE LES RENONCIATAIRES. EN SIGNANT CE CONSENTEMENT/EXONÉRATION, JE CONSENS À:

A) AUTORISER ACA/OSP ET/OU TOUT CLUB DE SKI POUR L'UTILISATION DE MA PHOTO OU VISUEL POUR DES FINS D'IMPRESSION, ACCÈS INTERNET OU VIDÉO POUR LA PROMOTION DU SKI.

B) AUTORISER ACA/OSP ET/OU TOUT CLUB DE SKI À ME CONTACTER VIA MON ADRESSE COURRIEL INSCRITE CI-DESSUS POUR DES FINS DE COMMUNICATIONS. PAR CONTRE, JE N'AUTORISE PAS ACA/OSP ET/OU TOUT CLUB DE SKI DE DIVULGER CETTE INFORMATION PERSONNELLE À UNE TIERCE PARTIE POUR DES FINS PROMOTIONNELLES OU DE SOLICITATION.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

PARTICIPANT: I AM AWARE THAT SKIING INVOLVES CERTAIN DANGER AND RISKS, INCLUDING, BUT NOT LIMITED TO COLLISION WITH NATURAL AND MAN-MADE OBJECTS AND WITH OTHER SKIERS AND SPECTATORS AND FALLING AT HIGH SPEED WHILE RACING OR TRAINING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH DANGERS AND RISKS AND THE POSSIBILITY OR PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THERE FROM.

IN CONSIDERATION OF ALPINE CANADA ALPIN (A.C.A.) AND THE CANADIAN SNOWSPORTS ASSOCIATION (THE C.S.A.) ACCEPTING MY APPLICATION FOR REGISTRATION AND PERMITTING ME TO PARTICIPATE IN COMPETITIONS, EVENTS OR TRAINING AUTHORIZED OR SANCTIONED BY A.C.A. AND THE C.S.A., I HEREBY FOR MYSELF MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS, HEREBY AGREE AS FOLLOWS:

1. TO WAIVE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST A.C.A., THE C.S.A., THE SKI CLUB, ZONE OR DIVISION NAMED IN SECTION ON THE REVERSE. ANY OTHER SKI CLUB OR SKI AREA CONNECTED WITH SUCH COMPETITIONS, EVENTS, TRAINING AND THEIR DIRECTORS, OFFICERS, COACHES, EMPLOYEES, REPRESENTATIVES, OFFICIALS, AGENTS, VOLUNTEERS AND SPONSORS (ALL OF WHOM ARE HEREINAFTER COLLECTIVELY REFERED TO AS THE RELEASEES).

2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR EXPENSE THAT I MAY SUFFER OR THAT MY NEXT-OF-KIN MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THE SAID COMPETITIONS, EVENTS OR TRAINING DUE TO ANY CAUSE, WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES.

3. TO HOLD HARMLESS AND INDEMNITY THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO ANY THIRD PARTY RESULTING FROM MY PARTICIPATION IN THE SAID COMPETITIONS EVENTS OR TRAINING.

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT (IF COMPETITOR UNDER 19 YEARS OF AGE)

PARENT / GUARDIAN: I HAVE READ AND UNDERSTAND THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT SET OUT ABOVE IN CONSIDERATION OF ALPINE CANADA ALPIN (A.C.A.) AND THE CANADIAN SNOWSPORTS ASSOCIATION, (C.S.A.) ACCEPTING THE APPLICATION FOR REGISTRATION OF:

(HEREAFTER REFERED TO AS "THE COMPETITOR") AND PERMITTING THE COMPETITOR TO PARTICIPATE TO COMPETITONS, EVENTS OR TRAINING AUTHORIZED OR SANCTIONED BY A.C.A. AND THE C.S.A.. I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AS FOLLOWS:

1. TO WAIVE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST A.C.A., THE C. S. A., THE SKI CLUB, ZONE OR DIVISION NAMED IN SECTION A ABOVE, ANY OTHER SKI CLUB OR SKI AREA CONNECTED WITH SUCH COMPETITIONS, EVENTS, TRAINING AND THEIR DIRECTORS, OFFICERS, COACHES, EMPLOYEES, REPRESENTATIVES, OFFICIALS, AGENTS, VOLUNTEERS AND SPONSORS (ALL OF WHOM ARE HEREINAFTER COLLECTIVELY REFERED TO AS THE RELEASEES.)

2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE INJURY OR EXPENSE THAT I MAY SUFFER OR THAT MY NEXT-OF-KIN MAY SUFFER AS A RESULT OF MY OR THE COMPETITOR'S PARTICIPATION IN THE SAID COMPETITIONS, EVENTS TRAINING DUE TO ANY CAUSE WHATSOEVER INCLUDING ANY NEGLIGENCE ON THE PART OF THE RELEASEES.

3. TO HOLD HARMLESS AND INDEMNITY THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY PROPERTY, DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY THE COMPETITOR OR BY ANY THIRD PART RESULTING FROM THE COMPETITOR'S PARTICIPATION IN THE SAID COMPETITIONS, EVENTS OR TRAINING.

EXONÉRATION DE RESPONSABILITÉ ET ACCEPTATION DES RISQUES

PARTICIPANT: JE RECONNAIS QUE LE SKI ALPIN COMPORTE CERTAINS DANGERS ET RISQUES Y COMPRIS, SANS Y ÊTRE LIMITÉ, LES COLLISIONS AVEC DES OBJETS NATURELS OU FABRIQUÉS, DES SKIEURS ET DES SPECTATEURS, ET LES CHUTES À GRANDE VITESSE PENDANT UNE DESCENTE OU L'ENTRAÎNEMENT. J'ACCÉPTE ET PRENDS EN CHARGE LIBREMENT ET TOTALEMENT TOUS CES RISQUES ET DANGERS, AINSI QUE LES RISQUES DE BLESSURES PERSONNELLES, DE DÉCÈS, DE DOMMAGES À LA PROPRIÉTÉ OU DE PERTES QUI POURRAIENT EN DÉCOULER.

DANS LE CAS OÙ ALPINE CANADA ALPIN (A.C.A.) ET L'ASSOCIATION CANADIENNE SPORTS D'HIVER (A.C.S) ACCEPTE MA DEMANDE D'INSCRIPTION ET ME PERMET DE PRENDRE PART À DES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT AUTORISÉES OU SANCTIONNÉES PAR L'A.C.A. ET OU L'A.C.S.. JE CONSENS EN MON NOM ET EN CELUI DE MES HÉRITIERS, DE MES PLUS PROCHES PARENTS, DE MES EXÉCUTEURS TESTAMENTAIRES, DES ADMINISTRATEURS DE MA SUCCESSION ET DE MES AYANTS DROIT, À ME CONFORMER AUX DISPOSITIONS SUIVANTES:

1. JE RENONCE À TOUTE RÉCLAMATION QUE JE POURRAIS AVOIR CONTRE A.C.A., L'A.C.S., LE CLUB DE SKI, ZONE OU DIVISION CITÉ DANS LA SECTION À L'ENDOS, TOUT AUTRE CLUB DE SKI OU TOUTE STATION DE SKI LIÉS À CES COMPÉTITIONS, ACTIVITÉS, ET SÉANCE D'ENTRAÎNEMENT AINSI QUE LEURS DIRECTEURS, ADMINISTRATEURS, ENTRAÎNEURS, EMPLOYÉS, REPRÉSENTANTS, PORTE-PAROLE, AGENTS, BÉNÉVOLES ET COMMANDITAIRES (ET QUI SONT TOUS DÉSIGNÉS CI-APRÈS SOUS L'APPELLATION "LES RENONCIATAIRES").

2. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUTE PERTE, TOUT DOMMAGE, TOUTE BLESSURE OU DÉPENSE QUE MES PLUS PROCHES PARENTS OU MOI-MÊME POURRIONS SUBIR À LA SUITE DE MA PARTICIPATION AUX DITES COMPÉTITIONS ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT PEU IMPORTE LA CAUSE, Y COMPRIS LA NÉGLIGENCE DE LA PART DES RENONCIATAIRES.

3. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUT DOMMAGE À LA PROPRIÉTÉ, TOUTE BLESSURE PERSONNELLE OU TOUT DÉCÈS D'UNE TIERCE PERSONNE, RÉSULTANT DE MA PARTICIPATION AUX DITES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT.

EXONÉRATION DE RESPONSABILITÉ ET D'INDEMNISATION (MOINS DE 19 ANS)

PARENT / TUTEUR: JE DÉCLARE AVOIR LU ET COMPRIS LA FORMULE D'EXONÉRATION DE RESPONSABILITÉ ET D'ACCEPTATION DES RISQUES DÉCRITE CI-DESSUS DANS LE CAS OÙ ALPINE CANADA ALPIN (A.C.A.) ET L'ASSOCIATION CANADIENNE SPORTS D'HIVER (A.C.S.) ACCEPTE LA DEMANDE D'INSCRIPTION DE:

(DÉSIGNÉ(E) À L'ENDOS SOUS LE NOM "L'ATHLÈTE") ET LUI PERMET DE PRENDRE PART À DES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT AUTORISÉES OU SANCTIONNÉES PAR A.C.A. ET L'A.C.S.. JE CONSENS EN MON NOM ET EN CELUI DE MES HÉRITIERS DE MES PLUS PROCHES PARENTS, DE MESEXÉCUTEURS TESTAMENTAIRES, DES ADMINISTRATEURS DE MA SUCCESSION ET DE MES AYANTS DROIT, À ME CONFORMER AUX DISPOSITIONS SUIVANTES:

1. JE RENONCE À TOUTE RÉCLAMATION QUE JE POURRAIS AVOIR CONTRE A.C.A., L'A.C.S., LE CLUB DE SKI ZONE OU DIVISION CITÉ DANS LA SECTION À L'ENDOS, TOUT AUTRE CLUB DE SKI OU TOUTE STATION DE SKI LIÉS À CES COMPÉTITIONS, ACTIVITÉS ET SÉANCES D'ENTRAÎNEMENT AINSI QUE LEURS DIRECTEURS, ADMINISTRATEURS, ENTRAÎNEURS, EMPLOYÉS, REPRÉSENTANTS, PORTE-PAROLE, AGENTS, BÉNÉVOLES ET COMMANDITAIRES (ET QUI SONT TOUS DÉSIGNÉS CI-APRÈS SOUS L'APPELLATION "LES RENONCIATAIRES").

2. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUTE PERTE, TOUT DOMMAGE, TOUTE BLESSURE OU DÉPENSE QUE MES PLUS PROCHES PARENTS OU MOI-MÊME POURRIONS SUBIR À LA SUITE DE MA PARTICIPATION OU CELLE DU COMPÉTITEUR AUX DITES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT PEU IMPORTE LA CAUSE, Y COMPRIS LA NÉGLIGENCE DE LA PART DES RENONCIATAIRES.

3. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUT DOMMAGE À LA PROPRIÉTÉ, TOUTE BLESSURE PERSONNELLE, DÉCÈS DU COMPÉTITEUR OU CELUI D'UNE TIERCE PERSONNE RÉSULTANT DE LA PARTICIPATION DU COMPÉTITEUR AUX DITES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT.

PARTICIPANTS SIGNATURE
SIGNATURE DE PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUARDIAN
SIGNATURE DU PARENT OU DU TUTEUR

DATE

NAME OF WITNESS/NOM DU TÉMOIN

ADDRESS OF WITNESS/ADRESSE DU TÉMOIN

SIGNATURE OF WITNESS/SIGNATURE DU TÉMOIN

DATE