

# Park City Freestyle Ski Team

## Winter 2009-10 Registration

First Name:		Last Name:	
Current USSA#:		Exp.Date:	
Street Address:			
City:		State:	Zip:
Phone:		Fax:	
eMail:			

Please include this form with all payments. To ensure proper payment with VISA, MASTECARD, or DISCOVER you must fill out the information below in FULL. You may also email your payment if you are using a credit card. All other payments (check or money order) must be done by mail or personally dropped off. THERE ARE NO PAYMENT PLANS. Payment questions should be directed to: Mick Berry 435.640.8752 or mick@pcfreesstyle.com or Chris Marchetti 435.513.7773.  
All deposits (50% of tuition) are due by October 25, 2009, in order to ensure a spot on the team. The remaining amount is due the first day of on hill training.

<b>Costs:</b>				<b>**Does Not Include PCMR Seasons Pass.**</b>
Full Time Team mogul-\$2500.00 freeride-\$2500.00 Weekend Competitive m/f-\$1800				
Weekend non-competitive m/f-\$1500.00 Big Mountain Team-\$1300.00				
Development-\$1300.00 Oneday Team m/f-\$1100.00				
Payment Options: VISA/MASTERCARD/DISCOVER, Personal Check, Money Order or Cash				

VISA/MASTERCARD -  
Card # = \_\_\_\_\_ Exp.Date = \_\_ / \_\_  
Name on the Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, ZipCode: \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_

Make all Checks and Money Orders Payable to: Park City Freestyle Ski Team

Mailing Address:	Park City Freestyle Ski Team P.O. Box 982857 Park City, Utah. 84098 or Email to mick berry at mick@pcfreesstyle.com
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**Understanding of Risk:**  
I, the above named individual agree to the following terms:  
1) I promise to have current Primary Health Insurance Coverage while participating in this event or session.  
2) I recognize that Inverted Aerial, and Upright Aerial competition and training pose potential risks of injury, that may or may not result in a permanent disability or death. Recognizing and understanding the potential risks, I accept and understand these risks by virtue of my participation in this program and/or event.

Signature: \_\_\_\_\_ Parent or Guardian if Under 18: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . \*\*\*If a participant is under 18, both the parent and participant must sign.\*\*\*