

APPLICATION FOR MEMBERSHIP IN THE KELLY CANYON SKI PATROL

Please read this entire form before starting to fill it out. Print neatly and ensure all information is complete and legible.
Attach additional page(s) as necessary.

Name _____ Birth Date _____ Sex M or F

Address _____ Social Security _____

_____ Business _____

Email _____ Employer _____

Phone _____ Text Y or N Occupation _____

_____ Skier _____ Telemark _____ Snowboard

Have you previously been involved with the National Ski Patrol? YES or NO
-TRANSFER or REINSTATEMENT (Attach additional Page with Patrol & Training History)

Are you a certified Ski/Snowboard Instructor? YES or NO
-Number _____ Date _____ Division _____

Do you have past First Aid or Medical Training?

_____ None _____ EMT _____ OEC

_____ Professional Rescuer CPR _____ OEC, ARC, OEC Instructor

Other _____

Which shifts will your schedule permit you to ski? (Check any that may apply)

Day: Mon-Th 12:00-4:30, Fri-Sat 9:00-4:30. Mid: Mon-Sat 4:00-7:00. Night: Mon-Sat 6:00-9:30

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days
<input type="checkbox"/> Mids	<input type="checkbox"/> Mids	<input type="checkbox"/> Mids	<input type="checkbox"/> Mids	<input type="checkbox"/> Mids	<input type="checkbox"/> Mids
<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights

Patrol Use Only

Ski/Board Test: _____ Pass _____ Fail

Patrol Director: _____

S&T DT: _____

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I hereby apply for membership in the Kelly Canyon Ski Patrol.

Signature of applicant _____ Date: _____

RELEASE AND COVENANT NOT TO SUE

I, _____, have requested the right to participate in a certain try out or test as specifically described in the application above. I will later take training courses if I am chosen. Such application is made upon my own initiative. I understand and acknowledge that I am aware that there are inherent dangers in the sport of skiing generally and in ski proficiency, ski endurance, and toboggan handling tests specifically. I allege that I fully understand that by participating in said courses I do so at my own risk and I accept the inherent dangers thereof.

NOW, THEREFORE in consideration of my being permitted to participate in such testing, training programs, or related activities which testing or training is offered to me because of my specific request to take such testing or training: I do therefore of myself, and if applicable on behalf of my minor child, and all who will hereafter claim for me or through me, do waive and release the officers, agents, members, advisors, directors, shareholders, and their staffs of the following described organizations: The National Ski Patrol System, Inc. (NSPS), the Intermountain Division of the NSPS, the area operator of the ski area involved, the Kelly Canyon Ski Patrol, the U.S. Forest Service, and the National Park Service from all future claims, rights, or causes of action accruing in my favor or in favor of my minor child as a result of personal injuries or loss of property caused during such training, testing, or activity. This waiver and release is on behalf of the applicant, or minor child, for themselves and all who may hereafter claim through or form them. Further, if signed on behalf of a minor child, the parent or guardian agrees to indemnify, defend, and hold harmless those persons or entities stated from any claim and damages awarded thereunder which may be later asserted by a minor child against such persons or entities.

Dated this _____ day of _____, _____

Signature of applicant: _____

Signature of Parent of Guardian (if applicable) _____

Please explain why you want to be a member of the Kelly Canyon Ski Patrol.