

Lake Shannon Water Ski Club

2009 Membership Application



Before filling out form, please indicate member status

New Member

Returning Member

Parent's First Name: _____

Home Phone: _____

Cell Phone: _____

eMail Address: _____

Spouse's First Name: _____

Spouse's Cell Phone: _____

Spouse's eMail: _____

Family Last Name: _____

Street Address: _____

City/ST/Zip: _____

PLEASE LIST YOURSELF, SPOUSE, AND OTHER FAMILY MEMBERS BELOW

First Name	Birthdate	USAWS No.	Slalom Course Or Jump Use?	Practice Division Open/Show/Slalom/Jump/Barefoot

If you are able to allow your boat to be used for organized practices and shows, please list here. You will be required to provide a copy of the insurance binder that lists USA Water Ski as an "additional insured".

Ski Boat Manufacturer: _____ Model & Year: _____

MC Numbers: _____ Insurance Carrier: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Lake Shannon Water Ski Club and related events and activities, the undersigned:

1. Agree that prior to each participation, you will inspect the facilities and equipment to be used, and if you believe anything is unsafe, you will immediately advise the supervisor of such condition(s) and refuse participation.
2. Acknowledge that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. Release, waive, discharge and covenant not to sue the Lake Shannon Water Ski Club, their respective administrators, directors, agents, coaches and other members of the organization, other participants, sponsoring agencies, sponsors, advertisers, the Lake Shannon Association or any of its offices and members, and owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "release" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses of damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee otherwise

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Member Signature

Date

VOLUNTEER SUPPORT

The Lake Shannon Water Ski Club is a totally volunteer effort. We count on each family to participate in the operation of our club and ask that each adult member select at least one way to help with practices and committee work:

<p>General</p> <input type="checkbox"/> Boat Driver <input type="checkbox"/> Spotter <input type="checkbox"/> Practice Assistant <input type="checkbox"/> Pick Up Boat <input type="checkbox"/> Show Help	<p>Safety</p> <input type="checkbox"/> First Aid <input type="checkbox"/> CPR Certified <input type="checkbox"/> Supplies
<p>Equipment</p> <input type="checkbox"/> Slalom Course <input type="checkbox"/> Jump <input type="checkbox"/> Docks <input type="checkbox"/> Show Eqt. <input type="checkbox"/> Ropes <input type="checkbox"/> Practice Eqt. <input type="checkbox"/> Other (specify) _____	<p>Communication</p> <input type="checkbox"/> Phone Tree <input type="checkbox"/> eMail Help <input type="checkbox"/> Flyers <input type="checkbox"/> Newsletter
<p>Fund Raising Events (Please select at least 2)</p> <input type="checkbox"/> April 5 - Bottle Drive <input type="checkbox"/> May 17 -Geranium Delivery <input type="checkbox"/> July 12 - Bottle Drive <input type="checkbox"/> April 26 - Geranium Sale <input type="checkbox"/> June 7 - Bottle Drive <input type="checkbox"/> Sep 13 - Bottle Drive	
<p>Volunteer Activities (Please select at least 2)</p> <input type="checkbox"/> May 17-Spring Cleanup <input type="checkbox"/> Sept 5 - Show Day AM <input type="checkbox"/> Sept 13 - Picnic Cleanup <input type="checkbox"/> Halloween Ski Cleanup <input type="checkbox"/> June 7-Bottle Drive <input type="checkbox"/> Sept 5 - Show Day PM <input type="checkbox"/> Sept 20 - Fall Work Date <input type="checkbox"/> Flyer Delivery-As Needed <input type="checkbox"/> July 12-Bottle Drive <input type="checkbox"/> Sept 7-Chmpgne Bfast Cleanup <input type="checkbox"/> Sept 27-Oktoberfest Cleanup	

MEDICAL INFORMATION

Insurance Provider _____	Policy Number _____
Family Doctor _____	Phone _____
Pediatrician _____	Phone _____
Dentist _____	Phone _____

ALLERGIES	Please identify all alergies for each family member
Name (from Pg 1)	List Allergies by family member

MEDICATIONS	Please list any medications taken by each family member
Name (from Pg 1)	List Medication for each family member

SURGERIES	Please list any surgeries had by each family member
Name (from Pg 1)	List surgeries by family member

EMERGENCY CONTACTS				
Name	Relationship	Phone-1	Phone-2	Phone-3