

United States Telemark Ski Association MEMBERSHIP FORM



Name:

Address:

Phone:

Birthdate:

Email:

Membership Type	Before Oct 1	After Oct 1
Voting Membership (no points)	\$30	\$45
Competitive Membership (Required Membership to race Elite at Nationals)	\$60	\$90
Junior Membership (14 and under)	\$20	\$20
Alumni Membership (Alumni US Team members, voting privileges, not eligible to race elite, no points)	\$20	\$20
Supporting Member (Does not include voting privileges)	\$20	\$20

Make checks payable to:

USTSA

6 Mckendry

Rowayton, CT 06853

Are you a returning member from last year? **YES** **NO**
If yes, what was your membership number?

I understand that USTSA does not provide any medical insurance for its members.

USTSA strongly recommends that all members carry their own medical insurance. As a member, I authorize **USTSA** to obtain medical care for, or transport me to a medical facility or hospital if, in the opinion of **USTSA**, medical attention is required and I am unable to make such a decision for myself. **I agree to pay all costs associated with such medical care and related transportation without rights of subrogation.**

If the member is under the age of 18 the **Parent** agrees to pay all medical bills incurred by the minor and waives all rights of subrogation against **USTSA**.

Signature: _____ Date: _____

Parent Signature if member is under age 18: _____