

TWIN BRIDGE SKI TEAM, INC.

SINGLE MEMBERSHIP APPLICATION

STATISTICAL INFORMATION

Members Name: _____ **Birthdate:** _____

Address: _____
Street City St. Zip

USA Waterski # _____

***If the member is under the age of 12 a parent or guardian **Must be present for all club activities!!!!**

If under 18 years of age

Fathers Name: _____

Mothers Name: _____

Address: _____
Street City St. Zip

Whom to notify in case of emergency:

Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Liability Release:

I AM AWARE OF THE RISKS INVOLVED IN THIS SPORT. I, HEREBY AGREE THAT THE TWIN BRIDGE SKI TEAM, INC., IT'S OFFICERS, BOARD OF DIRECTORS, MEMBERS, ADVISORS AND AGENTS ARE NOT RESPONSIBLE FOR ANY INJURY INCURRED DURING THE COURSE OF PRACTICE, SKI SHOWS, OR OTHER CLUB ACITIVITIES AND THUSLY ACCEPT ALL RESPONSIBILIIES AND/OR EXPENSES RESULTING FROM ANY SUCH MISHAP.

Date: _____ **Signature:** _____
(Member)

Date: _____ **Signature:** _____
(Parent or Legal Guardian)

I UNDERSTAND THAT THE BOY SCOUT INSURANCE DOES NOT COVER MEMBERS UNDER THE AGE OF 14 OR ADULT MEMEBERS NOT LISTED AS ADVISORS.

Date: _____ **Signature:** _____
(Member)

Date: _____ **Signature:** _____
(Parent or Legal Guardian)

I UNDERSTAND THAT THE TWIN BRIDGE SKI TEAM, INC. REQUIRES ALL MEMBERS TO BE ACTIVE MEMBERS OF USA WATERSKI.

Date: _____ **Signature:** _____
(Member)

Date: _____ **Signature:** _____
(Parent or Legal Guardian)