

TWIN BRIDGE SKI TEAM, INC.

FAMILY MEMBERSHIP APPLICATION

STATISTICAL INFORMATION

Fathers Name: _____

Birth date: _____ USA Water ski # _____

Mothers Name: _____

Birth date: _____ USA Water ski # _____

Address: _____
Street City State Zip

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

Additional Family Members (under 18 or full time students)

<u>Name</u>	<u>Sex</u>	<u>Birth date</u>	<u>USA Water ski #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any member is under the age of 12 a parent or guardian MUST BE PRESENT FOR ALL CLUB ACTIVITIES with these members.

Please use the back of this form to list any and all limitations of children.

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: _____
(Parent)

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

Date: _____ Signature: _____
(Parent)

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

Date: _____ Signature: _____
(Parent)