



Alpine Masters Short-Term Membership

Cost - \$15/day

This form MUST be submitted at the event. DO NOT send to USSA Member Services in advance.

◆ The following information must be complete. ◆

- ▶ 1. Medical / Accident Insurance information including the name of your carrier and a Group or Policy number.
- ▶ 2. The Waiver and Release of Liability must be signed.
- ▶ 3. The USSA Concussion Policy must be signed.
- ▶ 3. The USSA Safe Sport Policy must be signed.

Please print clearly:

Name _____ Home Phone (_____) _____
 Address _____ Work Phone (_____) _____
 City _____ State _____ Zip _____ Fax Number (_____) _____
 Sex : Male Female Date of Birth (M-D-Y) _____ -- _____ -- _____ E-mail _____
 Are you a U.S. citizen? Yes No Which country? _____
 In which U.S. state do you primarily participate and train? _____
 Have you had a USSA Membership in the Past? No Yes USSA Membership # _____

Please note that a USSA Short-Term membership is upgradeable, but non-refundable or transferable.

- 1. USSA Short-Term Memberships are non-refundable. However, they are upgradeable to an Alpine Masters membership within the same season.
- 2. Athletes who compete under a USSA Short-Term Membership **will not** be eligible for selection to Regional or National Championships and **will not** be scored to USSA Ranking Lists.

This registration is only valid for the site and events listed:

Race Name and Location: _____

Short-Term Membership for the Race Dates of: ___/___/___ → ___/___/___

Medical/Accident Insurance Information

Members must have and maintain primary Medical/Accident insurance for duration of membership year. Failure to provide accurate information demonstrating the existence of such insurance coverage for Member will prevent processing of this application and cause termination of membership and suspension of all rights to participate in U.S. Ski & Snowboard Association activities. Primary means the plan is NOT written to apply excess of other applicable policies.

Accepted policies:

- Primary medical/health insurance that covers athletic injuries.
- Any government sponsored health plan including Tricare, Medicare, Medicaid
- Catastrophic health plan which is a primary health insurance policy that covers athletic injuries

Policies not accepted:

- Any policy that is not considered "primary"
- Worker's Compensation
- Excess accident medical policies

Valid primary medical/accident insurance coverage **must** be provided prior to the event. Failure to provide accurate information demonstrating the existence of such insurance coverage for participant will prevent the individual from participating in U.S. Ski & Snowboard Association activities.

Primary Medical Insurance Company Name: _____

Policy/Subscriber or Contract # _____ Phone # _____

Method of payment: Cash Check # _____ Amount \$ _____

Visa/Mastercard # _____ Exp. date _____

Signature _____

**UNITED STATES SKI AND SNOWBOARD ASSOCIATION
ASSUMPTION OF RISK AND RELEASE OF LIABILITY – READ CAREFULLY BEFORE SIGNING**

I understand that skiing and snowboarding in their various forms, as well as preparation for, participation in, coaching, volunteering, officiating and related activities in alpine, nordic, freestyle, adaptive, and snowboarding competitions and clinics (hereinafter collectively referred to as "Activities"), involve many **RISKS, DANGERS and HAZARDS**. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, being struck by skiers/riders or equipment, and exceeding one's own abilities. I further understand that ski and snowboard training and competition may be more hazardous than recreational skiing and snowboarding. I understand that **INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE of the Activities**. I know that the risk of **SEVERE INJURY** and even **DEATH** exists in all training and competition locations and activities, including free skiing and riding. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the United States Ski & Snowboard Association, its officers, directors, volunteers, employees, contractors, member coaches, member officials, together with affiliated entities involved in the conduct of the Activities (including, but not limited to, the International Ski Federation, local ski clubs, competition organizers, race officials, volunteers, fellow members, sponsors, and ski and snowboard facility operators)(hereinafter the term "USSA" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

With full knowledge and understanding of the **RISK OF SEVERE INJURY AND DEATH** involved in ski and snowboard training and competition, I **FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instructions or advice of USSA.

In consideration of USSA's acceptance of my membership application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter "Member") agrees to comply with and be bound by the following terms at all times, whether training or practicing for competition, or in competition.

1. Member hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND AND INDEMNIFY USSA OF AND FROM ANY CLAIMS**, present or future, including any loss, damage, expense, or injury (including **DEATH**), suffered by any person and arising from Member's participation in any Activities in which USSA is involved in any way, due to any cause whatsoever, **INCLUDING NEGLIGENCE** and/or breach of express or implied warranty on the part of USSA.
2. Member hereby **RELIEVES USSA OF ANY DUTY TO PROTECT MEMBER FROM HARM** in connection with any Activities in which USSA is involved in any way.
3. Member authorizes USSA to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of USSA, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall **DEFEND, INDEMNIFY AND HOLD HARMLESS** USSA of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care. Member also authorizes disclosure of protected medical information necessary to provide, coordinate or manage member's healthcare consistent with the dictates of HIPAA and to the extent that such use or disclosure is required by law.
4. Member agrees never to utilize any run, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the run, course or facility.
5. This Agreement shall be construed in accordance with, and governed by the substantive laws of the State of Colorado, without reference to principles governing choice or conflicts of laws. In addition, Member agrees that all lawsuits for personal injury or related loss against USSA must be maintained in state courts sitting in Summit County, Utah or federal district courts sitting in the District of Utah, Central Division, and Member consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, MEMBER SIGNIFIES HIS ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:

MEMBER (If 18 or over)	
Signature: _____	Date of Birth: _____
Printed name: _____	Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR MEMBERS UNDER THE AGE OF 18

As the parent or guardian of the minor child Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns. By affixing my signature below I represent that I intend to give up my right, the right of the Member, and the right of any other parent or guardian to maintain any claim or suit against USSA arising out of the Member's participation in any Activities involving USSA in any way. I further agree to hold harmless, defend, and indemnify USSA of and from any claims from third parties arising from the minor child Members' participation in any activities affiliated with USSA.

Parent or guardian's signature _____

Printed name _____ Date Signed: _____

Applicant's Name (Please Print) _____ Date of Birth: _____

**Required for all USSA Members
USSA Concussion Policy for Members**

Any USSA athlete suspected of having sustained a concussion/ traumatic brain injury must be removed immediately from participation in USSA sporting event (e.g. sanctioned training, practice, camps, competitions or tryouts), by the Technical Delegate or USSA member coach overseeing such sporting event. The athlete will be prohibited from further participation until evaluated and cleared in writing to resume participation in USSA sporting events by a qualified health care provider trained in the evaluation and management of concussive head injuries. The health care professional must certify to USSA in the clearance letter that he/she has successfully completed a continuing education course in the evaluation and management of concussive head injuries within three years of the day on which the written statement is made.

Upon removal of an athlete from participation for a suspected concussion/traumatic brain injury, the USSA TD or member coach making the removal must inform USSA Competition Services. Athletes who have subsequently been medically cleared to resume participation must provide such medical clearance (as described above) to USSA Competition Services in order to be permitted to participate in USSA sporting events.

About Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects can be serious.

Risk of Continued Participation

A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

The USSA recommends that Members review the Center for Disease Control’s resources on concussion awareness at the following link:

http://www.cdc.gov/concussion/HeadsUp/online_training.html

By his/her signature below, **MEMBER CERTIFIES THAT HE/SHE HAS READ AND UNDERSTOOD THIS AGREEMENT**, and agrees in full with its terms, intend that it be binding on Member, his/her heirs, executors, administrators and assigns, and that it remain in full force and effect for as long as Member participates in USSA training, competition and related programs and activities..

MEMBER	
Signature: _____	Date of Birth: _____
Printed name: _____	Member No.: _____ Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR* MEMBERS**

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns.

Parent or guardian’s signature _____

Printed name _____ Date _____

USSA Protection Safe Sport Guidelines Required for all USSA members

Purpose of the Guidelines

As National Governing Body and steward of our sport, USSA has published this document to assist its clubs, coaches, and team leaders in recognizing unacceptable behavior and acting to prevent or correct it.

These guidelines are not intended to serve as legal advice or to supplant legal definitions of abuse and harassment that vary depending on jurisdiction. Instead these guidelines are designed to raise awareness of areas of concern. If these guidelines raise concerns about behavior you have witnessed, you are advised to notify the child's parents and seek appropriate counsel.

Definition of a Child

For the purpose of these guidelines, a child is defined as anyone under the age of 18 years.

Statement

- The welfare of the minor child is paramount.
- Children must be protected from harm, abuse, and degrading treatments.
- Parents must be involved in any action taken to intervene in behalf of their child.

Overview

- These guidelines are intended to raise awareness and:
- Promote Good Practice.
 - Provide examples of objectionable behavior and assist in recognition of signs of abuse.
 - Urge team leaders to take action.

Positions of Trust

Good Practice

- The welfare of the child is the primary concern.
- Be aware that the closeness of the coach/athlete relationship may encourage feelings that are not directly related to the sport.
- Set out and maintain appropriate boundaries.
- Promote fairness,
- Prevent and correct bullying.
- Treat all children equally, with dignity and respect.
- Give enthusiastic and constructive advice rather than criticism.

Unacceptable Behavior

- NEVER enter into a sexual relationship with a child under your care/supervision.
- NEVER use your influence over a child for your own interests.

Physical Contact

Good Practice

- Physical contact is recommended only in support of the following purposes:
 - to develop or demonstrate sports skills.
 - to diagnose or treat an injury.
 - to give appropriate sport massage.
- These actions should only be carried out by appropriately qualified staff.
- Physical contact may be appropriate in other circumstances, as in congratulating a child or consoling a child who is upset. However, always ensure that physical contact is carried out in the open, or in the presence of another supervising adult.
- Remember that interpretations of touching will be affected by factors such as cultural differences, religious implications, relative age, sexual orientation.
- If a child is uncomfortable with physical contact, stop.

General Supervision

Good Practice

- A supervising adult should never be alone with a child in potentially compromising situations, i.e. in a hotel room, bathroom, changing room, locker rooms, etc.
- Mixed gender teams must always be accompanied by male and female responsible adults.

Unacceptable Behavior

- Do not spend time alone with a child behind closed doors.
- Do not take a child alone on a trip unless in an emergency and with written parental permission.
- Do not enter the room of a child without another responsible adult present.
- Never share a room with a child.
- Discourage sexually provocative jokes or inappropriate touching or conversation.

Confidentiality

Good Practice

- Where you are close to a child, you may gather very personal information about the child.
- Try to make the child aware of the importance and implications of the information he is sharing.

Unacceptable Behavior

- You should never encourage confidences, or intrude into the private life of the child.
- Maintain appropriate boundaries.

Integrity

Good Practice

- Discourage children from talking offensively about others, but be aware that the child may be trying to describe an instance of abuse.
- Never talk offensively about others yourself.
- Encourage children to obey the rules of the sport, and compete in good faith, and treat officials and other competitors with respect.
- Emphasize fair play!

Unacceptable Behavior

- Never advocate measures to gain an unfair advantage or cheat in any way.
- Never allow children in your care to do this.

Personal Standards

Good Practice

- Always display high personal standards.
- Respect USSA's Core Values and live them.
- Respect USSA's Code of Conduct.
- Always project a favorable image of the sport, the Olympic movement, USSA, and FIS.
- Always project an image of health, cleanliness and efficiency.

Unacceptable Behavior

- Do not smoke, or drink alcohol to excess, when in the company of children.
- Never use profane, insulting or otherwise offensive language.
- Never use any form of sexually charged verbal intimacy or innuendoes.

If you are unsure.....

- Always err on the side of protecting the child. Take action.
- If you are unsure of what is appropriate or necessary in the particular circumstance, you should consult local counsel, medical professionals, or contact USSA's Legal Counsel for guidance.
- Always involve the child's parents in any action involving their child.

Defining Abuse

- Physical
- Emotional
- Neglect
- Sexual
- Bullying

Physical Abuse

- Physical injury of all types when such injury is intentional or results from neglect.
- Giving a child alcohol or inappropriate medications or drugs.
- In a sports situation, this may also occur when the nature and intensity of training disregard the capacity of the child's immature and growing body.

Emotional Abuse

- May involve telling a child that he/she is useless, devaluing them.
- Constant criticism and negative feedback.
- Shouting, threats or taunts.
- Unrealistic expectation of performance at levels above a child's capability.

Neglect

- Failure to provide adequate food or shelter.
- Prolonged unnecessary exposure to cold or heat.
- Unnecessary risk of injury.

Sexual Abuse

- In sport, activities which might involve physical contact with children may create situations where sexual abuse may go unnoticed.
- The power of the coach over the athlete could, if misused, lead to abusive situations developing.

Bullying

- May be physical, verbal or emotional.
- Is usually repeated over a period of time.
- May involve staff, other athletes, or parents.
- Signs may include a drop in performance, behavioral changes, mood swings, reluctance to train/compete, frequent loss of possessions, physical injuries (bruising, scratches, etc), poor sleep, loss of appetite/weight.

Be Vigilant.....

- Ensure coaches and those in positions of trust are screened pursuant to USSA's criminal background screening policy.
- Watch for signs of abuse, and of bullying.

- Note changes in behavior.
- Drop in performance.
- Physical symptoms and signs.

Action

- It is NOT your responsibility to decide if abuse is taking place.
- However, if you suspect abuse, you should take action. Report your concerns to parents, or if necessary, local child protection or law enforcement authorities.
- Seek counsel from qualified individuals to assist your club in addressing objectionable behaviors.

Remember...

- The effects of abuse may have very long-lasting consequences for the child.
- The welfare of the child is paramount.
- Children must be protected from harm, discrimination and degrading treatments.

Documents

These guidelines are intended to complement:

- The USSA Code of Conduct
- The USSA Athlete Protection Policy
- The USSA Criminal Background Screening Policy
- FIS and WADA Anti-Doping Policies

In the event you have any questions about these guidelines or wish to discuss or report any a suspected violation of these guidelines please contact USSA's Legal Counsel at anatt@ussa.org.

Hotline

This no-cost, confidential service helps athletes manage crisis situations and other misconduct-related issues that they may face. The hotline is staffed by professionals who will listen to concerns and quickly connect callers with resources in the community. Any USSA athlete may call the hotline at any time, which is staffed 24/7.

The hotline services are currently available:

Call: 855.665.5473
TDD: 800.697.0353

SafeSport Training

Additional training is available at training.safesport.org and USSA members can access at no cost using the code SAFESPORTUSA. All Coaches, Officials, and the parents of minor Competitors and Youth members are strongly encouraged to take this course. Please take note of this website and code so you can complete the training after finalizing your membership. The code is intended for use by USSA members and their parents only, and is not intended for re-distribution.

By his/her signature below, **MEMBER CERTIFIES THAT HE/SHE HAS READ AND UNDERSTOOD THIS AGREEMENT**, and agrees in full with its terms, intend that it be binding on Member, his/her heirs, executors, administrators and assigns, and that it remain in full force and effect for as long as Member participates in USSA training, competition and related programs and activities without independent medical and accident insurance.

MEMBER	
Signature: _____	Date of Birth: _____
Printed name: _____	Member No.: _____ Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR* MEMBERS**

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns. I intend to give up my right, the Member's right, and the right of any other parent or guardian to maintain any claim or suit against USSA arising out of the Member's participation in any Activities involving USSA in any way.

Parent or guardian's signature _____

Printed Name _____ Date _____

THIS DOCUMENT DEPRIVES YOU OF ANY LEGAL RIGHT TO SUE USSA, EVEN FOR ITS OWN NEGLIGENCE. DO NOT SIGN AND INITIAL IT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.