



Event Registration

Professional Ski Instructors of America Intermountain Division American Association of Snowboard Instructors, Intermountain

REGISTRANT INFORMATION

NAME			PHONE
MAILING ADDRESS			SKI SCHOOL
CITY	STATE	ZIPCODE	NATIONAL ID NUMBER
E-MAIL			

EVENT REGISTRATION INFORMATION

EDUCATION	*** LIST CLINIC TOPIC FROM SCHEDULE ***	LOCATION	DATE	COST
ASSESSMENT	LIST ASSESSMENT TITLE FROM SCHEDULE	LOCATION	DATE	COST
<p>I attest that I have familiarized myself with the requirements, standards and expectations for the level of certification that I am seeking and also with the various preparation tools and clinics available to me through PSIA-I/AASI-I, PSIA/AASI, and my home area. As such, I consider myself thoroughly prepared to safely, confidently, and skillfully participate in the assessment for which I am registering.</p>				
				Candidate Signature (for assessments)

FEES

TOTAL FEES:

Level 1 Package \$150.00 One-day Clinic \$80.00 Add extra for Cat Skiing \$30.00 L2/L3 Assessments <i>per day</i> \$120.00 Level 2, 3 Written Test \$15.00 Lecture \$40.00 per session	PAYMENT METHOD: <input type="checkbox"/> Cash/Check/MO <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Am. Express Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVC Code: <input type="text"/> <input type="text"/> <input type="text"/> Exp. Date: <input type="text"/> <input type="text"/> <input type="text"/> Please bill my credit card. Signature: _____
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RELEASE

I, (print name) _____, have requested to attend the Professional Ski Instructor of America Intermountain Division (hereafter "PSIA-I") or American Association of Snowboard Instructors Intermountain Division (hereafter "AASI-I") education or certification function led by a PSIA-I or AASI-I designated clinic leader or examiner (hereafter "Event Facilitators"). As a professional ski or snowboard instructor or experienced skier or snowboarder requesting participation in this event I fully understand and accept sole responsibility for my personal safety, behavior, and performance. I am fully aware of the risks of skiing and snowboarding associated with this event, including the possibility of serious injury and death, and release and forever discharge PSIA-I/AASI-I and PSIA/AASI, their officers, directors, employees, facilitators, agents, member ski areas, sponsors, and all persons from any and all claims, injuries, damages, expenses, or actions arising from or related to my participation in the PSIA-I/AASI-I sponsored event and under no circumstances or eventuality will suit be filed against PSIA-I/AASI-I or PSIA/AASI, their officers, directors, employees, facilitators, agents, member ski areas, or sponsors for any injuries resulting from participation in this program. I also agree to incorporate by reference all the provisions of the Utah Risk of Skiing Act (when applicable), and Your Responsibility Code as endorsed by the Professional Ski Instructors of America. **Anyone who does not exhibit the skills necessary to ski/board safely in a clinic will be invited to take another product or receive a refund. I have fully read and voluntarily agree to the above terms and conditions.**

REGISTRANT SIGNATURE (or signature of legal guardian if under 18 years of age)	Date
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E-mail, mail or Fax your completed registration form to: **PSIA/AASI Intermountain Division**
 7105 South Highland Dr, Suite 201
 Salt Lake City, UT 84121

e: admin@psia-i.org
 f: 801 942-7837
 v: 801 942-2066

☒ TELEPHONE REGISTRATIONS NOT ACCEPTED

Completed registration form and payment must be in the Division office at least 2-weeks prior to the event date. Postmarks not accepted. Applications not received by event deadline (two weeks prior) are subject to a \$20 non-refundable late processing fee. **REFUNDS:** Notice given office before deadline, 100%; notice after deadline but before event, 50%; no notice given before event **NO REFUND.** You may either print this form and fax it to send to the office or print it to a PDF/take a screen capture and email it to the office.