



# Event Registration

## Professional Ski Instructors of America Intermountain Division

### American Association of Snowboard Instructors, Intermountain

REGISTRANT INFORMATION				
NAME		PHONE		FAX
STREET		CITY	STATE	ZIPCODE
E-MAIL		SKI SCHOOL		<input type="checkbox"/> CHECK IF NEW ADDRESS
YOUR CURRENT MEMBERSHIP STATUS <input type="checkbox"/> Entry Level <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III		MEMBERSHIP NUMBER	INDICATE DISCIPLINE FOR THIS EVENT <input type="checkbox"/> Alpine <input type="checkbox"/> Snowboard <input type="checkbox"/> Nordic <input type="checkbox"/> Adapted	

EVENT REGISTRATION INFORMATION					
<b>EDUCATION</b>	<b>*** LIST CLINIC TOPIC FROM SCHEDULE ***</b>	LOCATION	DISCOUNT PASS ELIGIBLE	DATE	COST
			<input type="checkbox"/> Discount pass, no charge		
			<input type="checkbox"/> Discount pass, no charge		
			<input type="checkbox"/> Discount pass, no charge		
	<b>Clinic Discount Pass (purchase by 1/31/07) \$195.00</b>	Passes are good for all educational clinics and lecture series events during the period covered excluding Spring Clinic, accreditations, assessments and any 3-day package event. Pass holders are subject to all published deadlines for registration including late fees and additional surcharges.			
<b>ASSESSMENT</b>	<b>LIST ASSESSMENT TITLE FROM SCHEDULE</b>	LOCATION		DATE	COST
<b>X DIRECTOR'S SIGNATURE REQUIRED for assessment registration:</b> ➤ _____					

FEES		TOTAL FEES:
Level 1 Package	\$125.00	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"/> <input type="text"/>  <b>Exp. Date:</b> ➤ <input type="text"/> <input type="text"/> <input type="text"/>
Clinic Discount Pass	\$195.00	
One-day Clinic	\$55.00	
Add extra for Cat Skiing	\$20.00	
L2, L3 Assessments/per day	\$80.00	
Level 2, 3 Written Test	\$12.00	
Lecture	\$25.00 per session	
<b>X Please bill my credit card. Signature:</b> ➤ _____		

RELEASE		
<p>I, (print name) _____, have requested to attend the Professional Ski Instructor of America Intermountain Division (hereafter "PSIA-I") or American Association of Snowboard Instructors (hereafter "AASI") education or certification function led by a PSIA-I or AASI 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 and 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 or AASI sponsored event and under no circumstances or eventuality will suit be filed against PSIA-I or 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. <b>I have fully read and voluntarily agree to the above terms and conditions.</b></p>		
<table border="1"> <tr> <td> <b>X</b> Registrant signature or signature of legal guardian if under 18 years of age         </td> <td>Date</td> </tr> </table>	<b>X</b> Registrant signature or signature of legal guardian if under 18 years of age	Date
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Mail or Fax your completed registration form to: **PSIA/AASI Intermountain Division**  
 7105 South Highland Dr, Suite 201  
 Salt Lake City, UT 84121  
**f: 801 942-7837**  
**v: 801 942-2066**  
**e: admin@psia-i.org**

**X 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.  
**REFUNDS: Notice given office before deadline, 100%; notice after deadline but before event, 50%; no notice given before event NO REFUND.**