



**National Development System  
2007-2008 Medical Release**

**Athlete Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**E Mail** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parent** \_\_\_\_\_ **Parent** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**E Mail** \_\_\_\_\_ **E Mail** \_\_\_\_\_

**Insurance Coverage**

**Company** \_\_\_\_\_ **Identification #** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Medical History**

**Allergies** \_\_\_\_\_

**Medication** \_\_\_\_\_

**Other Medical Information** \_\_\_\_\_

**Athlete Medical Release**

Parent hereby authorizes USSA, and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. The coaches shall notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless USSA and its coaches from any and all costs and/or claims of any nature arising out of such care, treatment and/or procedure.

**Foreign Coverage** (for athletes traveling outside the U.S.)

We have verified with our insurance company that this policy is effective for care in foreign countries. Any additional information necessary is attached to this form. Our son/daughter will travel with a means of payment for medical services (e.g. credit card).

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

*Please send to:*

*Alpine National Development System, USSA, PO Box 100, 1500 Kearns Blvd, Park City UT 84060  
Fax: 435-649-3613 or Fax:435-647-2613*



## National Development System 2007-2008 Team Agreement

### Team Rules

Members of USSA teams attending competitions on the national quota, traveling with or as part of a competition trip organized by the National Competition Director, or attending any training camp or project as part of a USSA Group are required to abide by the USSA Code of Conduct.

#### Additionally, team members:

- Will pay in- full the project fee before the first day of arrival of the project, unless a payment plan is worked out at the time that the team is named;
- Will fully participate in the organized accommodations;
- Will attend all team meetings and training activities on time and fully prepared;
- Will observe any curfew established by the coaching staff;
- Will not use or possess illegal drugs;
- Will not illegally use or possess alcohol;
- Will not use or possess alcohol in the team accommodations, the team vehicles, or in the presence of team members who are not of legal age;
- Will reside in the room to which they are assigned and will share responsibility with their roommates for damages, cleaning charges, and rule violations that occur in the room when it is not possible to establish individual responsibility;
- Will observe any additional rules established by the head coach of the project
- Athlete hereby agrees to be filmed and photographed and to have his/her image and voice otherwise recorded in any media by the USSA's official photographer(s), film crew(s), and video crew(s) and by any other entity authorized by USSA. Athlete hereby grants to USSA the irrevocable, fully paid up, worldwide right and license to use, and to authorize third parties to use, in all media, Athlete name, likeness, picture, voice, and biographical information for: (1) news and information purposes; (2) promotion of the Team and the specific competitions in which Athlete competes; (3) promotion of USSA through its fundraising mission; and (4) to support USSA's educational and philanthropic efforts through the production of educational and training videos, DVDs and other media. This provision shall survive termination of this Agreement;

Violations of these rules may result in suspension from the team and in loss of the opportunity to participate in future teams.

### Agreement

I, the undersigned USSA competitor, have reviewed these rules and the "USSA Code of Conduct" as printed in the USSA Alpine Competition Guide, and agree to abide by all applicable rules and procedures in my participation in any national training or competition project during the current season. I realize that a violation of the rules may result in my immediate suspension from a team, and in the loss of all team services including representation at Team Captains' and Jury meetings, training, housing, meals, transportation, etc. I realize that I will receive no refund for the unused portion of these services. If suspended, I will be prepared to make whatever arrangements are necessary in order to continue to compete in the event and/or return home. I realize that actions that are violations of the law may result in my arrest, and that it will be my responsibility in such a case to notify my parents or legal guardians and/or to make such arrangements as may be necessary for my release and return home. This agreement shall be valid for all projects in the 2007-2008 training and competition season.

Athletes under 21 years of age must have the following section signed by both parents or legal guardians. We, the undersigned, parents or legal guardians of the above competitor, having read and understood the Team Rules, agree to allow our child to participate in USSA training or competition teams for which he/she may be eligible according to those rules. We understand and agree that if our child violates these rules and procedures, he/she may be immediately suspended from the USSA project with the loss of all team services. We agree that in any case where our child's actions result in his/her arrest, that sole responsibility for notifying us rests with our child and the local law enforcement officials, and that we are solely responsible for such actions as may be required to secure his/her release and return home. This agreement shall be valid for all projects in the 2007-2008 training and competition season.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Athlete Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

*Please send to:*

*Alpine National Development System, USSA, PO Box 100, 1500 Kearns Blvd, Park City UT 84060 PH: 435-647-2036  
Fax: 435-647-2613 or Fax: 435-649-3613*



**National Development System  
2007-2008 Hold Harmless and Indemnity Agreement**

For the consideration of ski racing instruction and training performed by USSA, we, the parents or legal guardians of \_\_\_\_\_, do hereby covenant and agree to hold harmless, defend, and indemnify, USSA and any of its employees, or volunteer workers of and from any claims for damages arising from injuries sustained by our child or ward herein named above resulting from the activities of ski racing instruction, racing, or traveling to and from races or training camps.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**USSA Insurance Policy**

FIS and USSA rules require that competitors be covered by valid and sufficient accident insurance. The racer must carry proof of this insurance and have it available at each race or camp so that prompt medical care can be obtained, if ever needed.

**Agreement**

We have read and understood the Insurance Policy statement. The insurance policy listed on the Medical Release meets the requirements of the USSA Insurance Policy and will be maintained in force while the competitor is involved in a USSA camp or team or while participating in any event on a USSA quota. We agree that we are responsible for any and all medical charges and we agree that we will promptly reimburse USSA for any expenses that they or their coaches incur on behalf of the competitor.

\_\_\_\_\_  
Athlete Name

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date