



APPLICATION FOR MEMBERSHIP OR TRANSFER

(Please type or print)

Date: _____ Alpine Patroller Nordic Patroller

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

Date of Birth: _____ Social Security Number _____

Occupation: _____ Email: _____

First Aid Training Completed

	Certificate Number	Expiration Date	Instructor (Y/N)
OEC			
CPR			
EMT			
Other (Indicate Type)			

New Applicant

NSP Classification:	<input type="checkbox"/>	Patroller	<input type="checkbox"/>	Student	<input type="checkbox"/>	Auxiliary	No. of skiing seasons experience
	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Professional			
Active PSIA Certified	<input type="checkbox"/>	Alpine	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Full	<input type="checkbox"/> Division <input type="checkbox"/> Ski School

Transfer or Re-Entry

Also submit resume of Patrol activities and Letter of Recommendation from previous Patrol Director							
Area	Division	Years	NSP #				
Most Recent Classification	<input type="checkbox"/>	Alpine	<input type="checkbox"/>	Nordic	<input type="checkbox"/>		Dual (Alpine/Nordic)
	<input type="checkbox"/>	Patroller	<input type="checkbox"/>	Student	<input type="checkbox"/>		Auxiliary
	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Alumni	<input type="checkbox"/>		Certified
Avalanche Mountaineering	Basic Number		Basic Date		Advanced Number		Advanced Date
Avalanche Instructor Mountaineering Instr. National/LCA Appoint. Other NSP Awards	Division Number		Date Awarded		National/LCA Number		Date Awarded

Approvals

I hereby apply for membership in the National Ski Patrol, Camelback Ski Area

Signature of Applicant _____ Date: _____

Patrol Leader _____ Date: _____

Review of Skiing Proficiency

(To be completed during the ski season)

Candidate Name _____

Patroller/Reviewer _____ Date: _____

Patroller/Reviewer _____ Date: _____

Skill	Comments
Short radius turns	
Medium radius turns	
Long radius turns	
Side slip	
Free skiing	
General Comment regarding overall skiing	

Skier is: Excellent ___
 Adequate ___
 Needs improvement ___

NATIONAL SKI PATROL SYSTEM EVENT/TRAINING RELEASE FORM

I agree I am voluntarily participating in this EVENT/TRAINING. I understand that the EVENT/TRAINING may involve extensive fieldwork on first aid scenarios, skiing, and toboggan handling along with other activities, which ski patrollers encounter in their duties of patrolling a ski area. I realize there are inherent risks in this type of activity including changing weather conditions, changing snow surface conditions, ice, bare spots, rocks, stumps, trees and the possibility of collisions with manmade and natural objects or other skiers and such activity can be dangerous and can result in serious injury or death. I knowingly assume the risk of participation and understand I can withdraw from this EVENT/TRAINING at any time. I understand that by participating in this EVENT/TRAINING I may also encounter additional risks not inherent to a normal participant to the sport of skiing. I agree to personally assume all of these risks. I also agree that I will rely solely on my own judgment regarding my personal safety and ability with regard to the terrain, circumstances and conditions in which I may be placed upon and asked to demonstrate or perform to accomplish the tasks involved in EVENT/TRAINING, and that I will decline to perform any activities if I believe I am placing myself in an unsafe situation or subject to possible injury or death if I proceeded.

As a requirement of this EVENT/TRAINING, I acknowledge that I agree to waive any right I might have to file a lawsuit for any injury or death resulting from my participation in this EVENT/TRAINING and I hereby remise, release, and forever discharge the ski area hosting the event, the National Ski Patrol System, Incorporated and its members, both individually and jointly, and I agree that no one else may file a lawsuit in my name related to my participation in this EVENT/TRAINING. If any part of this Release shall be determined to be unenforceable, all other parts shall be given full force and effect.

Participant Signature: _____ Date: _____
Address: _____ Phone: _____

ADDENDUM TO RELEASE

The above Participant is less than 18 years of age; the undersigned parent or guardian hereby consents to the above Participant participating in the EVENT/TRAINING and signs this Release on behalf of the Participant.

Parent/Guardian Signature _____ Date: _____
Parent/Guardian Name (Printed) _____
Address: _____ Phone: _____

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Not a Part of Release and for record keeping purposes only

To be completed by instructor: _____ Date: _____
Event/Training: _____ Location: _____