



PSIA-NW Event Application

PSIA/AASI-NW / PNSIA-EF

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Please fill out all applicable lines for your event

FOR OFFICE USE

PSIA-NW Membership # _____ Cert Level _____

Ski School: _____

Name: _____
last first

Address: _____
street/box city state zip

Check here if address has changed

Daytime Phone: (____) _____

Home Phone: (____) _____

E-mail Address: _____

Discipline: Alpine Snowboard Nordic Adaptive

EDUCATION EVENTS

Fill out this box for: Day Clinics, Certification Training Series, Exam Checkpoints, Level II-III Written Exams, Advanced Children's Endorsement, GS Camp, Divisional Academy, Pre-Exam Clinics, Exam Orientation Clinics, Senior Tour, Freestyle Clinics, Winter Blast, PDS Camp and Summer Ski Camps

Event Name: _____

Event Date: _____

Location: _____

Unless otherwise stated, all events check in at the Day Lodge. Day Clinics begin at 9:00 am.

All written exams will begin at 3:30 pm except the Certification Training Series, which is scheduled for 6:00 pm.

CERTIFICATION EXAMS

Exam Level: Level I Level II Level III

Exam Date: _____

(Applications are due 14 days prior to events)

- Skiing or Riding Module - Saturday
- Teaching/Professional Knowledge Module- Saturday
- Skiing or Riding Module - Sunday
- Teaching/Professional Knowledge Module - Sunday

The day of the module you are assigned may be determined by exam sign-ups

Exam Location: _____

Written Exam Passed? yes

Date of exam _____

Proctor/Ski School where taken _____

Training Director's Signature (**required for exams**) _____

LIABILITY RELEASE FORM (you must sign this release before attending any PSIA-NW event):

Recognizing that skiing/boarding can be a hazardous sport, I hereby **RELEASE AND FOREVER DISCHARGE** PSIA-NW, PNSIA-EF, the host area and agents and employees of each from liability for any and all injuries of whatever nature arising during or in connection with the conduction of the event for which this application is made. Applicant hereby relinquishes and assigns to PSIA-NW and PNSIA-EF all rights to the use of Applicant's name and likeness or pictorial representation in photographs, motion pictures or other representations concerning Applicant's participation in said Event.

Signature _____ Date _____

TO AVOID A LATE FEE, registration is required 14 days prior to an event. If space is available, you will be assessed a \$10 per day late fee. If you are injured and are unable to attend your event, we will deduct \$10 per day cancellation fee from your refund. **REFUNDS REQUIRE A NOTE FROM YOUR MEDICAL PROVIDER.**

Fee Paid: \$ _____
Fee must accompany application

Cash/Check

Visa/MC

Visa/MC # _____

Expiration ____/____ Signature _____