

Salisbury Winter Sports Association (SWSA) Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Type of Membership:

one individual—\$10 two individuals—\$15

more than three individuals—\$20

Amount

Enclosed: _____

I, and all family members registered with USSA and SWSA, in consideration of membership and/or participation in SWSA activities and/or use of SWSA facilities do release and discharge SWSA, its agents and landowners who permit SWSA to use their land from any claim whatsoever for injury or damages arising out of such membership, participation, and/or use of facilities. I acknowledge the inherent risk of injury in all winter sporting activities and agree to assume responsibility for my own safety and well-being and to waive any claim I might otherwise assert against USSA or SWSA for injury or damage arising out of my involvement in SWSA events or use of SWSA facilities.

Signature: _____ Date: _____

Volunteer Activities

✓ Check the Areas where you can Volunteer

	Ski Area Supervisor
	Dance Committee or other Social Fundraising Activities
	Ski Touring Leader or Assistant
	Instructor Nordic
	Instructor Alpine
	Jump Weekend Help
	Provide Housing for Visiting Jumpers
	Patrolling and Assistance at Selleck Hill
	Computer Work
	Organize and/or Help with the Bike Race

**Mail this completed form and membership fee to:
SWSA, P.O. Box 196, Salisbury, CT 06068**