



Trailside Snowsports Club of NJ, Inc.

Check #: _____
 Amount: _____
 Date Recv'd: _____
 Initials: _____
 Computer: _____

2009-2010 Member Information Sheet

Please Print

Name		Trailside Membership: <input type="checkbox"/> New <input type="checkbox"/> Renewal	
Address		Email Address:	
City	State	Zip	+4
Birthdate / /	Home Phone () -		
Anniversary Date: / /	Work Phone () -		Ext:
	Mobile Phone: () -		
Your Occupation	Average Yearly Ski Days <input type="checkbox"/> 1-8 <input type="checkbox"/> 9-15 <input type="checkbox"/> 16-30 <input type="checkbox"/> 30+		
Are you currently certified by: <input type="checkbox"/> A.S.I.A. <input type="checkbox"/> P.S.I.A. <input type="checkbox"/> N.S.P.	Would you be interested in racing with Trailside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe		
Ski Level	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Intermediate <input type="checkbox"/> Expert
How did you hear about Trailside Ski Club? <input type="checkbox"/> Club Member Name: _____ <input type="checkbox"/> Flyer <input type="checkbox"/> Jamboree <input type="checkbox"/> Newspaper <input type="checkbox"/> NJSC Handbook <input type="checkbox"/> Other			
Emergency contact:	Phone () -		

Membership Rates

Single: \$10
Family: \$15

Member Payment

Type: _____ Amount: \$ _____

Which of the following committees would you be interested working on:

- | | |
|--|---|
| <input type="checkbox"/> Annual Banquet | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Barbecues & Picnics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Beach Activities | <input type="checkbox"/> Publicity/Public Relations |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Club weekend | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Sunshine (Meet & Greet) |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Theater/Dinner Theater |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Trips - Ski |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Trips - Off-Season |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Jamboree | <input type="checkbox"/> Wind Surfing |
| <input type="checkbox"/> Kick-Off Party | <input type="checkbox"/> Xmas at the Beach |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Music Festivals | <input type="checkbox"/> Other: _____ |

Please mail this form along with your dues check to:

Membership Chairperson
4 Green Road
Mine Hill, NJ 07803-2908

Please fill out the WAIVER FORM on the reverse side.
Membership forms CANNOT be accepted without a signed waiver!

Include a self addressed stamped envelope if you wish your membership card to be mailed to you.



Membership Card: _____

Date: _____

Trailside Snowsports Club of New Jersey, Inc.

RELEASE and INDEMNIFICATION AGREEMENT

**This agreement is a contract with LEGAL CONSEQUENCES.
Read it carefully before signing.**

I understand that Trailside Snowsports Club of New Jersey, Inc. ("Trailside") is a ski club which sponsors a variety of activities, including but not limited to skiing, for the benefit of its members. I am aware that many of Trailside's activities, including but not limited to skiing, are inherently dangerous activities, which involve the risk of serious injury or even death. I agree that by participating in any Trailside related activity, that I alone am responsible for my safety and agree that I alone assume the risks involved in any such activity.

In addition, and to the fullest extent allowed by law, I agree that I will not institute any law suit or other legal action against Trailside, its members, officers, directors, delegates, instructors, agents, employees, representatives, servants or assigns as a result of my participation or injury at any Trailside related activity. Nor will I voluntarily assist anyone else in the pursuit of any such law suit or other legal action.

I also agree to indemnify and hold harmless Trailside, its members, officers, directors, delegates, instructors, agents, employees, representatives, servants or assigns from and against any and all claims, actions, suits, judgements, damages, and costs, including reasonable attorneys fees, that may result by reason of any suit or other legal action that I either commence or assist with as described in the preceding paragraph. This Release and Indemnification Agreement shall bind me, my distributees, heirs, executors, representatives, successors and assigns.

I also hereby agree to abide by the Constitution and By-Laws of Trailside Ski Club of New Jersey, Inc., as well as the policies and procedures established by the Board of Directors.

I understand and acknowledge that Trailside is acting in reliance upon the agreements made by me in the Release and Indemnification Agreement in order to extend to me the benefits of membership in Trailside and were I not willing to abide by the terms of this document, such membership and opportunity to participate in Trailside related activities would not be extended to me.

Member
Name (Print): _____ Signature: _____ Date: _____

Witness
Name (Print): _____ Signature: _____ Date: _____

Parent or Guardian of a Member who is a Minor: I as parent or guardian of the above named member who is a minor hereby give my permission for my child or ward to participate in the activities of Trailside Snowsports Club of New Jersey, Inc. as specified herein, and further agree, individually and on behalf of my child or ward, to the terms of the above.

Parent or
Guardian
Name (Print): _____ Signature: _____ Date: _____

Approved: _____