

COLUMBIA SKI & ADVENTURE CLUB

RACING TEAM

2012 – 2013 MEMBERSHIP

NOTE: You must be a current paid member of the Columbia Ski Club in order to race.

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
Home Phone: _____ Work Phone: _____
E-mail Address: _____
Age: _____ Date of Birth: _____ Male: _____ Female: _____

Previous Racing Experience:

1. Crescent Series: Yes _____ No _____ Club: _____
2. NASTAR: Yes _____ No _____ Gold _____ Silver _____ Bronze _____
3. Other: _____

If you have no racing experience, please indicate your skiing ability:

Beginner: _____ Adv. Beg.: _____ Low Intermediate: _____
High Intermediate: _____ Advanced: _____ Expert: _____

Are you interested in weekday ski trips? Yes _____ No _____ Comment: _____

Can we list you for sharing your vehicle with other racers needing a ride? _____

AGREEMENT: I agree to abide by the Crescent Ski Council and the Columbia Ski & Adventure Club Racing Team Rules. I do hereby absolve, release, and waive any and all claims and demands against the Columbia Ski & Adventure Club, its officers, directors, and each and every member thereof, which may arise out of, or be related to, any injury, damage or pecuniary loss to me or any member of my family by reason of such Club membership and participation in the racing program.

Signed: _____ Date: _____

Mail this completed form with \$35.00 registration fee to:

Jim Littlejohn, Racing Director
Columbia Ski & Adventure Club
313 Bent Pine Drive
Columbia, SC 29212

Please make all payments by check made payable to:
Columbia Ski & Adventure Club Racing Team