

**FWSA MINI SKI TRIP REGISTRATION FORM**  
Sun Peaks-Cahilty Hotel & Suites, British Columbia, Canada - March 21st to 26<sup>th</sup>, 2017

**Please print clearly:** *The information you provide is for the exclusive use of FWSA and will not be sold for solicitation*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PHONE: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell / Work: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/19\_\_\_\_ (We need your birthdate for lift tickets)

Male \_\_\_\_\_ Female \_\_\_\_\_ I am a Skier \_\_\_\_\_ Snowboarder \_\_\_\_\_ Non-Skier or Boarder \_\_\_\_\_

Ski Club: \_\_\_\_\_ FWSA Direct Member: \_\_\_\_\_

**FWSA Council (Circle One):** Arizona, Bay Area, Central, Intermountain, Los Angeles, Orange, Northwest, San Diego, Sierra, Sitzmarker Ski Club, Direct FWSA Member

**EMERGENCY INFORMATION**

*Emergency Contact – Immediate Family member not on this trip (required for all participants):*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Number:** (\_\_\_\_\_) \_\_\_\_\_ **Cell / Work Number:** (\_\_\_\_\_) \_\_\_\_\_

**List Food Allergies and /or Drug Allergies:** \_\_\_\_\_

**Medical Conditions (Optional):** \_\_\_\_\_

**List Over-the-Counter/Prescription Drugs taken regularly (Optional):** \_\_\_\_\_

*(You must be affiliated with a FWSA member ski club or a FWSA Direct Member.*

*Go to [FWSA.org](http://FWSA.org) for more information on Direct Membership)*

*I have been advised that the FWSA trip package does not include travel insurance and I understand that I have the option to purchase my own Travel Insurance.*

- *I have been advised that the FWSA trip package does not include travel insurance and I understand that I have the option to purchase my own Travel Insurance.*
- *I am aware that I am financially responsible for myself whether or not I purchase Travel Insurance.*
- *I am aware it is my responsibility to obtain all legal documents required for travel including passports and that my passport must be valid at least 6 month after the trip.*
- *I have received a copy of the FWSA Conduct Policy*
- *I further certify that I'm a current FWSA Club or Direct member and that the information I have provided on this form is accurate.*
- *I am aware that FWSA may use pictures taken on this trip in presentations, on their website and in any promo DVD's to market other FWSA trips. I have the option so sign a form to deny the use of my photo.*

\_\_\_\_\_  
Participant Signature OR Parent/Legal Guardian for Minor

\_\_\_\_\_  
Date