



OISRA SEASON 2008/09

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O I S R A COACH and COACHING ASSISTANTS APPLICATION TO BE A MEMBER OF THE OISRA.

This form is to be completed in INK. It is to be legible and apart from signatures all information MUST BE PRINTED.

TEAM/CLUB NAME (Print) _____ LEAGUE: _____

NAME (Print) _____ M / F _____ Date of Birth / / _____

ADDRESS (Print) _____ City _____ State _____ Zip _____

Phone _____ email contact(s) _____

I know that ski racing and slope style, are action sports carrying a significant risk of serious personal injury, death, or property damage. I also know that there are natural and environmental conditions and risks which independently or in combination with my activities may cause property damage or severe or even fatal injuries to me or others.

As a member coach of the OISRA I agree that I alone am responsible for my safety while participating in coaching, training or instructing or working with or for any students athletes who are affiliated with teams that are members of the Oregon Interscholastic Ski Racing Association (OISRA) and specifically acknowledge that the following persons or entities including the OISRA, and **affiliated leagues and schools**, ski areas, event organizers, race officials and any agent representative, officer, director, employee, member of an affiliate of any person or entity named above are not responsible for my safety.

As a member coach of the OISRA I agree to abide by any Federal, State, School or School District regulations and requirements regarding the safety and well being of the high school students that have been entrusted to my care during the duration of the training or racing events that the team I am responsible to is involved in.

I understand the **OISRA Coaches Code of Ethics** (see reverse) and I agree that I will abide by the rules, regulations, and restrictions of OISRA, the duties of skiers under Oregon state law ORS 30.985, and any other rules, regulations, and restrictions imposed by the organizers of any OISRA sanctioned activity.

I agree that if any part of this Agreement is deemed to be unenforceable, that the remaining terms and conditions shall be binding upon the parties.

I accept that carrying primary accident/medical insurance is a requirement, and agree to do so.

Primary Accident/Medical Insurance Company Name _____

Policy # _____ Group # _____

Signature _____ Dated _____

DESIGNATION (Please indicate): HEAD COACH, COACHING ASSISTANT.

To be faxed to 1-775-640-4650 before coaching can commence