

**Rowmark Junior Program  
Kinder Team Enrollment Instructions**

1- Read the information provided under the “Information” button on our Rowmark Junior Program website.

- Welcome letter
- Rowmark Junior Handbook

2- Print this document and fill out the required information. Sign and return the forms to the Rowmark office before September 16<sup>th</sup>. These forms are required for your child’s participation in Rowmark activities and serve as a way to reserve a spot in our program. We appreciate your prompt attention.

3- Memberships: there are two links under the “Memberships” button on our website. Fill out the paperwork for these two memberships: USSA and Nastar.

USSA membership: All skiers who will participate in ski races this season (YSL, South Series and J3 qualifiers) are required to become USSA members. Please note that for insurance reasons, even if your son or daughter does not participate in a race, they must have a current USSA membership license in order to be part of our program. We participate in the Intermountain Division of USSA.

**Rowmark Junior Program  
Handbook Acknowledgement**

I have read the Rowmark Junior Program handbook. I understand and agree to its terms and conditions.

\_\_\_\_\_  
Skier Printed Name

\_\_\_\_\_  
Skier Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Rowmark Junior Program  
Personal Information

\_\_\_\_\_  
Name of Rowmark Skier

\_\_\_\_\_  
Grade:

\_\_\_\_\_  
Teacher name

Birthday: \_\_\_\_\_  
Month / Day / Year

\_\_\_\_\_  
Name of Mother

\_\_\_\_\_  
Mother cell

\_\_\_\_\_  
Mother email

\_\_\_\_\_  
Name of Father

\_\_\_\_\_  
Father cell

\_\_\_\_\_  
Father email

\_\_\_\_\_  
Skier email

\_\_\_\_\_  
Skier Cell

Home Telephone: \_\_\_\_\_

Other important telephone: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone

Mailing address:

Medical Insurance information:

Rowmark Junior Program  
Enrollment Contract

I hereby request to enroll \_\_\_\_\_ as part of the Kinder Team.  
(Rowmark skier)

I agree to pay \$ 545 tuition. Payable by October 1, 2009.

Parent printed name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rowmark Junior Program  
After School Release

I, \_\_\_\_\_ allow a Rowmark representative to pick my child up  
(Print Parent/Guardian Name)

\_\_\_\_\_ from his/her classroom to attend Rowmark dryland  
(Print Child's Name)

on the scheduled training days. I will pick my child up after Rowmark Dryland at 4:15 PM from the beginning school and check in with the Rowmark coaches before departure.

\_\_\_\_\_  
Parent/Guardian Signature

Medical Release

If your child is below the legal age of consent (eighteen) the law requires that we have your permission to give medical services should the need. Please read the following statement carefully and sign below.

We/I hereby authorize Rowmark Ski Academy and/or it's named coaches to secure any hospital, medical, dental, and/or surgical care, treatment and/or procedures for \_\_\_\_\_, my son/daughter/ward. We/I also consent that in the event of injury to my son/daughter/ward, coaches can sign for his/her care, treatment, and/or procedures under the instruction and direction of a licensed physician on call at the emergency room of the nearest hospital or emergency facility.

A Rowmark Ski Academy coach shall notify a parent/guardian, or the given relative or friend (provided on the Medical Information Form) at the earliest possible time during or after the incidence of such care, treatment and/or procedures. I knowingly and voluntarily consent in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment, and/or procedures. I specifically indemnify and hold harmless ROWMARK SKI ACADEMY and its coaches from any and all costs arising out of such care, treatment, and/or procedures, including the cost of airfare home, if the situation arises.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Liability Release

In Consideration of being allowed to participate in any way in Rowland Hall School's Rowmark Junior Program, related to events and activities, I, \_\_\_\_\_,

The undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **ROWLAND HALL SCHOOL AND ITS ROWMARK SKI PROGRAM**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Participant's Signature

Age: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent Signature

Rowmark Junior Program  
Billing

**Rowmark Skier Name:**

\_\_\_\_\_

Rowmark will email invoices monthly (or sometimes after each race depending on activity.) You may pay by check, credit card or cash. Tuition fees and camp payments must be made in full and submitted to the Rowmark office prior to Rowmark's scheduled event.

**Please circle the payment option you prefer:**

**Credit card**

**Check**

**Cash**

Even if you choose to pay using cash or check, Rowmark requests a valid credit card on file. Please fill out the information below. *For returning families, if the credit card on file is still valid, no need to fill out the info below.*

For 2009-2010 Rowmark expenses, authorize my: (circle one)

VISA  
MasterCard  
American Express

Card Number \_\_\_\_\_ expiration date \_\_\_\_\_

Cardholder name \_\_\_\_\_ CCV # \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Billing zip code for card \_\_\_\_\_

**All Rowmarkers must have a valid credit card on file. Thank you.**

Rowmark Junior Program  
Photo Release

I hereby grant permission for Rowmark Ski Academy and Julie Shipman, Photographer, the irrevocable right to reproduce and reuse any images created of me (or my child in the case of a minor), in all manners including composite and computerization for promotion, display, publication, including resale for commercial usage and other lawful purposes without prior notice and without compensation. I waive any right to inspect or approve the finished version. Julie Shipman retains the copyright and ownership to all images. I understand that scanning or copying of such images for any purpose is prohibited by law.

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Names of skier(s) under the age of 18

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Parent/Guardian Print Name

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Parent / Guardian Signature