

CAPITAL SKI & SPORTS CLUB

A NON-PROFIT ORGANIZATION

P.O. Box 4406

Citrus Heights, CA 95610

MEMBERSHIP / RENEWAL APPLICATION

SINGLE - \$35.00

COUPLE - \$50.00 (same household)

CHILDREN - \$10.00 (under age 21)

Last Name	First Name	Spouse
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Address

City	State	Zip
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Male - Birth date - month ____ day ____	Female - Birth date - month ____ day ____
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Occupation _____	Occupation _____
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Home Phone (____)_____	Home Phone (____)_____
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Work Phone (____)_____	Work Phone (____)_____
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Cell Phone (____)_____	Cell Phone (____)_____
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E-Mail _____	E-Mail _____
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Minor (Name & Age)_____

In case of emergency: Name_____ **Phone** _____

Indicate skiing preference and ability: Recreational and Racing

<u>Rec - M</u>	<u>Race - M</u>	<u>Rec - F</u>	<u>Race - F</u>
Beginner____	Beginner____	Beginner____	Beginner____
Intermed____	Intermed____	Intermed____	Intermed____
Advanced____	Advanced____	Advanced____	Advanced____

Capital Ski & Sports Club is a voluntary organization and its success depends on the assistance of each member of the Club.

Please indicate the area you would like to assist and initial.

Activities _____	Racing _____	Membership _____
Communications _____	Other _____	

How did you hear about CSSC?_____

Each year the Board of Directors sets a tentative schedule of events. We try to gear our activities around areas of members' interest and match people who want to participate in common activities.

Please use this space to give us an idea of your interests.

Sports _____ **Special Events** _____

Trips (where?) _____

Culinary _____ **Culture** _____

Camping (where?) _____

Parties _____ **Other Suggestions** _____

Would you be interested in Chairing an Event? _____

Would you consider Hosting an Event? _____

Other Comments _____

Waiver and Full Release of all Claims

In consideration of my participation in the Capital Ski & Sports Club, I _____
_____ and (Spouse _____) legally bind, myself, my heirs, executors and administrators, and do hereby fully and finally waive, release and hold harmless the Capital Ski & Sports Club, and respective directors, officers, employees, members, representatives, agents, and assignees from any and all responsibility, liability, claim, causes of action, judgments or other damage of any nature whatsoever, including, but not limited to, any personal injuries I might suffer, directly or indirectly resulting from participation in or travel to and from club activities. I acknowledge that I am engaged in club activities and knowingly execute the Release, at my insistence and request, and that I voluntarily do so without coercion whatsoever.

Signed _____ **Date** _____

Signed _____ **Date** _____

Please return with your check, payable to Capital Ski & Sports Club, at any event or mail to:

**Capital Ski & Sports Club
P.O. Box 4406
Citrus Heights, CA 95610**

Thank You!