



Education & Certification Event Application

Participant Information

update my records with this info

Alpine Snowboard Nordic Adaptive

Name	Member #	Discipline	
Email Address	Snowsports School	Certification Level	
Mailing Address	City	State	Zip
Primary Contact Tel #	Secondary Contact Tel #		

Event Information

Education Event

Complete this area for all Educational Events like Day Clinics, Certification Training Series, Exam Checkpoints, Level II-III Written Exams, Advanced Children's Endorsement, GS Camp, Divisional Academy, Pre-Exam Clinics, Exam Orientation Clinics, Senior Tour, Freestyle Clinics, Winter Blast, PDS Camp, Summer Ski Camps, etc.

Event Name _____

Event Date _____

Location _____

Unless otherwise stated, all events check-in at the Day Lodge. Day Clinics begin promptly at 9:00am.

All scheduled written exams will begin at 3:30pm. Certification Training Series Written Exam is scheduled for 6:00pm.

Exam Information

Certification Exam

Exam Date _____

Exam Location _____

EXAM LEVEL LEVEL II LEVEL III

EXAM MODULES (choose one or both)

- Skiing or Riding (Saturday)
- Teaching/Professional Knowledge (Sunday)

WRITTEN EXAM

Exam Passed on (date) _____

Written Exam Location (proctor or ski school) _____

TRAINING DIRECTOR'S SIGNATURE
(required for exams)

X _____

Payment Details

Event Fee

BASE FEE \$ _____

LATE FEE \$ _____

TOTAL \$ _____

TO AVOID A LATE FEE, registration is required 14 days prior to an exam or education event. If space is available, you will be assessed a \$15 per day late fee. If you are injured and are unable to attend your event, we will deduct \$25 per day cancellation fee from your refund. REFUNDS REQUIRE A NOTE FROM YOUR MEDICAL PROVIDER.

MAIL WITH CHECK TO:
PSIA-NW

338 N. Wenatche Ave, Wenatchee, WA 98801

FAX WITH CREDIT CARD PAYMENT TO:
206.241.2885

QUESTIONS? CALL OR EMAIL:
206.244.8541
info@psia-nw.org

LIABILITY RELEASE FORM (you must sign this release before attending any PSIA-NW event):

Recognizing that skiing/boarding can be a hazardous sport, I hereby RELEASE AND FOREVER DISCHARGE PSIA-NW, PNSIA-EF, ASEA, the host area and agents and employees and contractors of each from liability for any and all injuries of whatever nature arising during or in connection with the conduction of the event for which this application is made. Applicant hereby relinquishes and assigns to PSIA-NW and PNSIA-EF all rights to the use of Applicant's name and likeness or pictorial representation in photographs, motion pictures or other representations concerning Applicant's participation in said Event.

[v11/12]



Participant Signature _____ Date _____

Credit Card Payments

CREDIT CARD NUMBER (PLEASE PRINT CLEARLY)	EXP. DATE	X YOUR SIGNATURE
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