

Participant Information

Name	Email Address	Mobile Phone #	Snowsports School
------	---------------	----------------	-------------------

Event Information

Event Details

EVENT NAME _____

EVENT DATE _____

LOCATION _____

Event confirmation with event details will be sent via email prior to the event. So please make sure your email address on file is updated.

Exam Information

Certification Exam

EXAM DATE AND LOCATION _____

EXAM LEVEL

LEVEL I LEVEL II LEVEL III

EXAM MODULES (choose one or both)

Ski or Ride

Teaching and Professional Knowledge

YOUR TRAINER'S NAME _____
 (required for exams)

By checking the box below, you agree you have had a conversation with your trainer about expectations for the exam and that your online written exam is or will be completed 30 days prior to the on-snow module(s). I AGREE

Payment Details

Event/Exam Fee

EARLY RATE \$ _____

FULL RATE \$ _____

TOTAL \$ _____

For EARLY RATE, registration is required 10 business days prior to the event/exam. If space is available, less than 10 business days prior, FULL RATE applies.

REFUNDS AND CANCELLATIONS:
 Cancellations two weeks before event - full refund LESS \$30 admin fee. Cancellations less than 5 business days before event - no refund.

LIABILITY RELEASE (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 their agents and employees and contractors from liability for any and all injuries of whatever nature arising during or in connection with the conduct 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. I agree and approve PSIA-NW and PNSIA-EF to communicate with me electronically.

Participant Signature _____ Date _____

Credit Card Payments PLEASE READ RATE INFO AND CANCELLATION POLICY ABOVE IN PAYMENT DETAILS BOX. [v2018-19]

CREDIT CARD NUMBER (PLEASE PRINT CLEARLY)	3 or 4 Digit CVC Code	EXP. DATE (MM/YY)	X YOUR SIGNATURE
CREDIT CARD TYPE <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DIS			