



NORTHWEST DIVISION

Professional Ski Instructors of America
American Association of Snowboard Instructors

TRAINER PROGRAM 2019-2020

Participant Information

Name

Email Address

Mobile Phone #

Snowsports School

Responsibility Agreement

By checking the box below, you agree to track the dates you have registered for on your calendar. A confirmation email will be sent out upon registration and then one week out from each training event you register for. Please make sure you write in a current email address above to ensure you receive updates on your registration. Also, if you are a trainer (not a DCL), you also acknowledge you have received approval from your snow sports school director to participate in this program prior to registration and you will pay any applicable fees that are not covered by your school.

- ☐ THE EMAIL ADDRESS I PROVIDED ABOVE IS ACCURATE AND CURRENT (please email details on my tech series registration)
- ☐ THE MOBILE # I PROVIDED ABOVE IS ACCURATE AND CURRENT (if needed, I agree to receiving texts)
- ☐ I AGREE TO THE ABOVE RESPONSIBILITY AGREEMENT

Event Schedule

- | | | | | |
|--------------------------|-----|----------|---|----------------|
| <input type="checkbox"/> | Tue | 12/10/19 | Trainer Program South | Bachelor |
| <input type="checkbox"/> | Tue | 12/10/19 | Trainer Program North | Snoqualmie TBA |
| <input type="checkbox"/> | Thu | 12/12/19 | Trainer Program East | Schweitzer |
| <input type="checkbox"/> | Fri | 12/13/19 | Cross Country Trainer Program - Day 1 | Sun Mountain |
| <input type="checkbox"/> | Sat | 12/14/19 | Cross Country Trainer Program - Day 2 | Sun Mountain |
| <input type="checkbox"/> | Sun | 12/15/19 | Cross Country Trainer Program - Day 3 | Sun Mountain |
| <input type="checkbox"/> | Tue | 1/7/20 | Trainer Program South | Bachelor |
| <input type="checkbox"/> | Tue | 1/7/20 | Trainer Program North | Snoqualmie TBA |
| <input type="checkbox"/> | Thu | 1/9/20 | Trainer Program East | Schweitzer |
| <input type="checkbox"/> | Tue | 2/4/20 | Trainer Program South | Bachelor |
| <input type="checkbox"/> | Tue | 2/4/20 | Trainer Program North | Snoqualmie TBA |
| <input type="checkbox"/> | Thu | 2/6/20 | Trainer Program East | Schweitzer |
| <input type="checkbox"/> | Fri | 3/6/20 | Trainer Program - Winter Training - Day 1 | Stevens Pass |
| <input type="checkbox"/> | Sat | 3/7/20 | Trainer Program - Winter Training - Day 2 | Stevens Pass |
| <input type="checkbox"/> | Sun | 3/8/20 | Trainer Program - Winter Training - Day 3 | Stevens Pass |
| <input type="checkbox"/> | Fri | 4/10/20 | Trainer Program - Spring Training @ Symposium - Day 1 | Mission Ridge |
| <input type="checkbox"/> | Sat | 4/11/20 | Trainer Program - Spring Training @ Symposium - Day 2 | Mission Ridge |
| <input type="checkbox"/> | Sun | 4/12/20 | Trainer Program - Spring Training @ Symposium - Day 3 | Mission Ridge |

Payment Details

PROGRAM FEE - \$280

Applicant Payment Amount: \$ _____

Snowsports School Payment

Amount (if applicable): \$ _____

Total Due \$ _____

CONTACT US

info@psia-nw.org

206.244.8541

206.244.8541

206.241.2885

338 N. WENATCHEE AVE.
WENATCHEE, WA 98801

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 electronically communicate with me.

Participant Signature _____

Date _____

Please note there are NO REFUNDS or TRANSFERS for trainer fees. TO AVOID ANY ADMIN FEE, registration is required 5 business days prior to event and if space is available. Please make sure and contact the office before the event to let us know if you will not be attending.

CREDIT CARD PAYMENT

[v2019-20]

CREDIT CARD NUMBER (PLEASE PRINT CLEARLY)

CREDIT CARD TYPE ☐ Visa ☐ MC ☐ AMEX ☐ DIS

3 or 4 Digit
CVC Code

EXP. DATE
(MM/YY)

X

YOUR SIGNATURE