



OFFICE USE ONLY

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
Cell Phone #	Alternate Phone (please indicate type) <input type="checkbox"/> Home <input type="checkbox"/> Work		

Event Information

Education Event

Complete this area for all Educational Events. Please consult the Season Guide or PSIA-NW.ORG Website for event information then complete the form below with the event name, date and location.

Event Name _____

Event Date _____

Location _____

Unless otherwise stated, all events check-in at the Day Lodge. Day Clinics begin promptly at 9:00am. Event confirmations with event details will be sent via email prior to the event.

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, less than two weeks prior add \$15 for a single day event and \$40 for a multi-day event.

REFUNDS AND CANCELLATIONS: Cancellations two weeks before event - full refund LESS \$25 admin fee. Cancellations less than two weeks before event - no refund. If injured, please provide doctors note - full refund LESS \$25 admin fee.

MAIL WITH CHECK TO:
PSIA-NW

338 N. Wenatchee Ave, Wenatchee, WA 98801

FAX WITH CREDIT CARD PAYMENT TO:
FAX 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 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.

[v2012/13]

sign here → Participant Signature _____ Date _____

Credit Card Payments

PLEASE READ LATE FEE AND CANCELLATION POLICY ABOVE IN PAYMENT DETAILS BOX.

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			