



North Island Snowdrifters

Membership Application

Membership Year: 2009-2010

Last Name (Primary Member)	First Name	Sex	Birth Mo.	Birth Day	Membership Rnew,Prev,New	eMail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:		Newsletter Mail Web	Member Since ?	MamPass Yes No	Home Phone	Cell Phone
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City:	State:	ZIP:	Referred By:	Member Dues Single - \$30 Yes Family - \$45 Yes		Work <input type="text"/> Age Group <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Last Name (Family Member)	First Name	Sex	Birth Mo.	Birth Day	Membership Rnew,Prev,New	eMail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Since ?	MamPass ? Yes No	Home Phone	Cell Phone	Work	Age Group	Referred By:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name (Family Member)	First Name	Sex	Birth Mo.	Birth Day	Age Group	Work: P =Private; S =State ,C =City; F =Fed Gov; M =Military; R
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name (Family Member)	First Name	Sex	Birth Mo.	Birth Day	Age Group	Age Group: 1 = <20; 2 = 21->30; 3= 31->40; 4=41->50; 5=51->60; 6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Place * next to information you do not want to publish in						

Volunteer

If interested, enter in support box.

Officer:

Board:

Condo Captain:

Trip Leader:

Committee:

Gen. Helper:

Note!!!

Select items of interest that you or your family members would be inclined to participate in. Enter in activity box.

Leisure

Theater:

Travel:

Dining:

Dancing:

Cooking:

Table Games:

Wine Tasting:

Spa Outings:

Movies:

Active Sports

Down Hill:

Cross Country Ski:

Snow Board:

Cycling:

Hiking:

Camping:

Fitness:

Back Pack:

Roller Blade:

Ball Sports

Golf:

Tennis:

Softball:

Volleyball:

OTL:

Racquetball:

Bowling:

Pool:

Basketball:

Water Sports

Water Ski:

Rafting:

Sailing:

Kayaking:

Fishing:

Snorkel:

Scuba:

Surfing:

Boating:

WAIVER AND RELEASE OF LIABILITY, READ BEFORE SIGNING: In consideration of being allowed to participate in any way in the North Island Snowdrifters programs, related events and activities, I (_____) & _____, the Undersigned, acknowledge, appreciate, and agree that: **1.** The risk of injury from the many of the activities is significant, including the potential for permanent paralysis and death, and while particular skills, rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, **2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others and assume full responsibility for my participation; and, **3.** I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, **4.** I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the North Island Snowdrifters, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X _____ Age: _____ Date: _____ X _____ Age: _____ Date: _____

Participant Signature Participant Signature

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES,** to the fullest extent permitted by law. I also consent to allow medical treatment in the event of an emergency.

X _____ Date _____ Emergency Phone No. _____ Emergency Contact: _____

Parent/Guardian)

NON SKIING ACTIVITIES WAIVER

Make checks payable to **North Island Snowdrifters** and send to: **Alan Godwin, 5028 Saratoga Ave; San Diego, CA. 92107**