

USSA Midwest Freestyle Association

**USSA Central Division Freestyle
Registration Form**

Competitor Name ("Skier"): _____

Address: _____

Current USSA Number: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Home Phone: __ (____) _____ Work Phone: _ (____) _____

Cell Phone: (____) _____

Email Address: _____ Team Name: _____

Send form to:

Midwest Freestyle Association
P.O. Box 575
Wayzata, MN 55391

Standard Liability Release

I hereby release Midwest Freestyle Association ("MFA"), their members, agents, volunteers, or employees, sponsoring ski clubs, ski teams, including, but not limited to Nybora Freestyle, Inc., ski areas, ski patrol, the United States Ski and Snowboard Association ("USSA") and any person officially connected with this competition, from all liability whatsoever whether the liability arises from bodily injury or death to Skier, myself, or others, or damage to property owned by me or others, arising from my participation and presence at MFA competitions and events. I represent that Skier holds a current and valid competition license from USSA; that Skier, or Parent, if Skier is under 18 years old, have read and agree to abide by the USSA Freestyle Competition Guide; and that Skier, or Parent, if Skier is under 18 years old, have read, understood and agree to the USSA Concussion Policy for Members. I further represent that I have obtained and will maintain primary personal health insurance for Skier, as stated below:

Skier's Signature: _____ DOB _____ Date: _____

Skier's Insurance Company _____ Policy # _____

Name of Insured _____ Insurance Phone Number _____

Parent(s) Signature (if Skier under 18): _____ Date: _____

Parent(s) Name(s) (Please print): _____

**Midwest Freestyle Association
P.O. Box 575 Wayzata, MN 55391 • 612.672.0282**