



OISRA TEAM MEMBERSHIP APPLICATION 2009-10 SEASON

Name of School \_\_\_\_\_

School Address: \_\_\_\_\_

School District: \_\_\_\_\_

Name of adult designated as responsible for the Team:

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Circle discipline in which this team will participate: **Alpine-Freestyle** **Nordic**

I \_\_\_\_\_ represent a school approved organization sponsoring an OISRA ski, or freestyle team. I acknowledge that all OISRA rules and decisions are binding on this team. OISRA rules include; OISRA Bylaws, OISRA Policies, Alpine, Nordic, Freestyle, division Policies and Race Rules.

\_\_\_\_\_  
Signature Date \_\_\_\_\_ Phone \_\_\_\_\_

Designated Head Coach: \_\_\_\_\_  
The OISRA indemnity insurance requires that the teams designated Head Coach is confirmed to the OISRA before any team activity can proceed.

Signed:  
Principal, Athletic Director or Activities Director: \_\_\_\_\_ Date: \_\_\_\_\_

**The use of the School name in no way implies the Schools responsibility or liability for the actions of team members, coaches, and/or parents, or volunteer assistants.**

Refer OISRA By-laws Articles III & IV for member definitions, rights and privileges.  
Extract from OISRA Policies-Item 5- School eligibility requirements.  
5-1 Offers a comprehensive curriculum which meets Oregon graduation requirements.  
5-2 Includes students in grades 9-12 or 10-12.

**This application needs to be faxed, emailed or mailed to the OISRA by November 9, 2009.**

**Fax 1-775-640-4650**

Email: [Registration@oisra.org](mailto:Registration@oisra.org)

**Regular mail: REGISTRATIONS OISRA 1067 West 18<sup>th</sup> Place Eugene, OR 97402**