

GLSA APPLICATION

GLSA Programs 2011-2012

A. Full Program, FIS (eligible J1-J2 racers)	\$830.00
B. Full Program, USSA racers	\$680.00
C. Training Program Only (J1-J2-J3-J4-J5-J6).....	\$530.00
Skiers Train T, W, Th	
D. Development Program (This program is full).....	\$250.00
Skiers Train T, Th	
E. College Training.....	\$250.00

Special Programs and Rates

F. Per Day Training	\$30.00
G. Per Race Day Representation	\$30.00
Non-GLSA Member	\$60.00
H. Rocky/Central Jr. Championships Representation	\$550.00
Non-GLSA Member	\$1000.00
I. J3 J4 Championship Representation MQT.....	\$90.00
Non-GLSA Member	\$180.00
J. J2 Nationals Representation	See Wendy
K. Christmas Camp: Dec. 27-29	\$100
L. Adult Race League Training: 1/3, 1/12, 1/17	\$20 per session

Letters of options selected _____ Total \$ _____

- Programs A-B-C and E include Christmas Camp
- \$50.00 Late Fee if not paid in full Dec. 15, 2011
- GLSA Racers must maintain a 2.5 grade point average and pass a physical requirement test.
- \$50 discount for third child.

Make checks payable to GLSA and return with this form to:

Eric Seaborg
 339 East Ridge Street
 Marquette, MI. 49855

(Please print)

Name of Athlete: _____ Date of Birth: _____

Address: _____

Telephone: _____ E-mail (athlete and parent): _____

Name of Parent or Legal Guardian: _____

REFUND POLICY: 100% if cancelled by GLSA. No other refunds offered for any reason.

Please call GLSA Board Members with questions about the program.

AUTHORIZATION - I consider the above named participant to be in good health, and permission is granted to participate in all program activities, unless otherwise indicated on this record. In case of illness and/or injury, permission is granted for emergency treatment to be rendered to the above named participant. I understand that I will be notified in case of serious illness. All medical bills incurred by the patient will be the responsibility of the parent or guardian. GLSA will not bill insurance companies. I also grant permission for any photo or likeness to be used for promotional purposes.

Name of Health Insurance Carrier: _____ Policy Number: _____

Name of Policy Holder: _____ Name of Employer: _____

Known Allergies: _____

Please list any serious medical conditions coaches should be aware of: _____

 Signature of Parent/Guardian Date