



Education Event/Exam Application



PSIA-AASI CENTRAL

P.O Box 2144, Frankfort, MI, 49635
Phone: 231-335-4627 Fax: 231-335-4645
Email: info@psia-c.org

You will receive an email confirmation within 72 hours of receipt of this application in the Central Division office. Please be sure we have your current email address on file. To avoid your confirmation going into spam be sure to add us to your address book!

National ID #: _____ Check here if you're not a Central Member

Full Name: _____

Address: _____

Business _____

Phone: _____

Mobile Phone: _____

Home Phone: _____

D.O.B.: _____

Snow Sports School: _____

Current Certification Level: _____

Email: _____

EVENT INFORMATION:

Location: _____ Date: _____

Discipline:

Alpine Snowboard Adaptive Cross Country
Telemark Freestyle Children's Senior's

Name of Event: (List up to 3 choices in order of preference, second/third choice will only be used when first choice is full or cancelled. For accuracy, please write name as it appears website calendar)

- | | | |
|----------|--------|------|
| 1. _____ | Clinic | Exam |
| 2. _____ | Clinic | Exam |
| 3. _____ | Clinic | Exam |

EXAM INFORMATION:

All Written Exam & Workbooks must be completed before registering for an event (Snowboard 1 participants will take written at location)
See website for event pricing www.psia-c.org

LIABILITY RELEASE STATEMENT *Mandatory for application processing

I acknowledge that skiing and snowboarding can be a hazardous sport and that serious injuries or death could result from my participation. I have read and agree to abide by *Your Responsibility Code* as well as any posted signs at the host area. I hereby release ASEA-C, the ASEA-C Education Foundation, the host area, and the directors, officers, agents and employees from liability for any and all injuries and damages whatever nature arises during or in connection with my participation in this event. PHOTO RELEASE: The undersigned grants to the ASEA-Central (dba PSIA-AASI Central) non-exclusive, irrevocable permission to photograph, video and/or record him/her and to use the resulting work in whole or in part without restriction anywhere, in any medium, altered or unaltered, for the purposes of promoting and providing education snowsports instruction. PSIA-AASI Central, ASEA-CEF and the photographer are released from all claims of liability relating to the use of the photographs/films/recordings.

Signature: _____ Date: _____

PAYMENT INFORMATION:

Paying by Check # _____ Paying by Credit Card Visa Mastercard AMEX Discover

CC #: _____

Exp Date: _____ CVV 2: _____

Event Fee: \$ _____

Additional Fee(s): \$ _____

*Gift to Education Foundation: \$ _____

TOTAL: \$ _____

**The Education Foundation researches new techniques and methodologies of teaching snowsports, develops safety programs for snowsports, and the development of adaptive snowsports programs..*

I do not allow Central Division to use my name in public acknowledgement of my contribution to the Education Foundation.