



General Information

Stevens Pass Freeride Team is designed for skiers and snowboarders who want to boost their skills and confidence in the half-pipe, terrain park, skier/boarder-cross course, and all mountain riding. This program, in affiliation with SPAC, is a non-profit organization run by dedicated volunteers whose purpose is “to nurture a competitive sports environment which builds character, values and good sportsmanship in the participants”. (Complete SPAC mission statement can be found at <http://spacracing.com/>)

Coaches will provide proper technique and procedure needed to improve your freestyle, all-mountain, and Skier/Boarder-cross skills. Whether entering your first competition or wanting to gain more competition skills, this program is designed with the riders’ needs and interests in mind. Our coaches are very enthusiastic and committed to the advancement of free riding, whether at Stevens Pass or anywhere!

WHO:

The program is open to intermediate to expert Skiers and Snowboarders ages 13 and up.
Enrollment is limited to 20 athletes.

WHERE:

All sessions will be at Stevens Pass with away events planned throughout the season.

WHEN:

8 Sundays beginning on January 15, 2012. There will be *no training February 19, 2012.*

TIME:

8:30am-3:00pm Includes morning and afternoon riding session with a lunch break. Late afternoon trainings and demonstrations change weekly.

Areas of Concentration

On hill training:

- Terrain Park Jumps and Rails
- Skier-cross and Boarder-cross
- Extreme Terrain Riding
- Competitive Preparation
- Backcountry Awareness

Off hill training:

- Stretching/Conditioning
- Waxing Clinic
- Nutrition for Athletes
- Avalanche Awareness Clinic
- How to get Sponsored
- Action Sports Industry Professional Development

HELMETS ARE REQUIRED ON ALL RIDERS!!

Please fax all completed forms to (206) 368-8018
You will receive a confirmation via email



Stevens Pass Freeride Team Registration Form 2011-2012

Athlete's Name: _____ Sex: _____ Birth Date: _____

Parent's Name(s): _____

Address: _____

City: _____ Zip Code: _____

Athletes email: _____

Parents email: _____

Family home phone: _____ Family cell: _____

Athlete cell: _____

8-week Freeride Program (Sundays Only)

Intermediate to Expert Skiers and Snowboarders ages 13 and up.

8-Week Program\$635 _____

**Stevens Pass & U.S. Forest Service Usage Fee 2011 (10% of All Tuition)..... \$ Included in Fee

Optional Donation (Tax Deductible, as permitted by law) \$ _____

TOTAL FEES \$ _____

VISA ___ MASTERCARD ___ Card # _____

Expiration (mm yyyy) _____

Make checks payable to SPAC

Mail To: SPFT

824 N. 196 Ct.

Shoreline, WA 98133

www.stevenspassfreeride.com

Email Address: stevenspassfreeride@yahoo.com

Mandatory Registration Requirement Checklist

The application insures your membership on the SPFT Team. In order to participate in any SPFT training you must first have on file with SPFT a current SPFT Medical and Liability Release.

**U.S. Forest Service Usage fee equal to 12% of our revenue is assessed and payable to Stevens Pass for participation in all programs at Stevens Pass. SPAC is unable to absorb the cost of this fee and is passing on a 10% use fee on all tuition. This fee is paid directly to Stevens Pass.

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Stevens Pass Freeride Team Medical Release

(I) (We) do hereby authorize a licensed physician and/or responsible staff member of any hospital in any state to administer whatever medical or surgical treatment, or therapeutic procedures they deem necessary for the diagnosis and treatment of:

Athlete's Name _____

(I) (We) consent to any examination, administration of any medical or anesthetic and medical and/or surgical treatment or other hospital services rendered under the general or special instructions or supervision of such physician or hospital staff person. Every effort will be made to contact the parents or legal guardian of the skier in the event emergency medical care is required. We, therefore, encourage parents and guardians to submit this completed medical release to SPFIT. Your coach will carry a copy of this release to all races.

Name of Medical Insurance _____

Policy # _____

Name of Family Doctor _____ Phone # (____) _____

Emergency Contact _____ Phone # (____) _____

Please list any allergies or medications

Signature of Parent/Guardian

Address _____

Home Phone (____) _____ Work Phone (____) _____

Date _____

This signed release must accompany the Application and Liability Release.



Stevens Pass Alpine Club Liability Release

Athlete's Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____ Date _____

Parent/Guardian Name(s): _____

I/We, the parents/legal guardians of the Stevens Pass Alpine Club member named above, assume and understand that ski racing and skiing are hazardous activities. Bare spots, variations in snow, ice and terrain, along with bumps, cliffs, moguls, stumps, forest growth and many other obstacles exist within a ski area. In participation with the Stevens Pass Ski Area, all dangers presented by ski racing and skiing are recognized and accepted. The skier realizes that falls and collisions do occur and injuries may result, and therefore assumes such risks and agrees to ski under control at all times. I/We hereby release and hold harmless the Stevens Pass Alpine Club, and any members thereof, the Stevens Pass Alpine Club coaches, Stevens Pass Inc., P.N.S.A., U.S.S.A. and the United States Forest Services and/or any other ski areas at which we may train or race. This release also covers all travel to and from these activities. I agree that I will accept and abide by the rules and regulations of the Stevens Pass Alpine Club, the United States Ski Association and any other rules or regulations imposed by the organizers of any particular competition. I further agree and accept that I will abide by the code of conduct adopted by the United States Ski Association. This release shall be binding on my heirs and assigns.

Dated _____ Racer's Signature: _____

By signing this release as Parent/Guardian, I am consenting to the competitor's participation in competitive skiing and training and acknowledge that I understand that any and all risk (including those set forth above) are expressly assumed by me and all claims are expressly waived in advance.

Parent/Legal Guardian Signature:

This signed release must accompany the Racing Application and Medical Release.



SPFT ATHLETE'S CODE OF CONDUCT

Being a member of the Stevens Pass Freeride Team is something each athlete should be proud of. While skiing and snowboarding is an individual sport, you train and compete not only for yourself, but also for your Team. As a member of the SPFT, each rider needs to be considerate and supportive of his or her other Team Members at all times.

In addition, each athlete enjoys certain privileges at Stevens Pass, not available to the general public. SPFT would not be possible without the support and assistance of Stevens Pass. This support and these privileges cannot be taken for granted and must not be abused.

You must remember that while skiing or snowboarding at Stevens Pass, whether training or merely for fun, you will be considered to be a member of SPFT. This is a responsibility that each rider must be aware of at all times.

As a part of this responsibility, SPFT riders SHALL AT ALL TIMES:

1. Maintain high standards of moral and ethical conduct, which includes self-control and responsible behavior and consideration of each athlete's coaches, TEAM members and others' physical and emotional well-being.
2. Abstain, at all times, from the use or possession of illegal drugs, alcohol, and tobacco.
3. Follow and abide by the Ski Area's Code of Conduct.
4. Avoid profane or abusive language and disruptive behavior.
5. Abide by the rules of competition in all events entered and, in addition, respect the judgment of any official.
6. Observe any additional rules established by any of your coaches.
7. Set a good example for other racer, especially you're younger Teammates.
8. Treat coaches and other Team Members with dignity.
9. Refrain from using iPod's during class session and limited cell phone use will be allowed.
10. Wear appropriate attire depending on weather conditions

Coaches and athletes parents will confront athletes suspected of breaking rules. Disciplinary action will be determined by the director and coaching staff.

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Athlete Profile Form

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Name: _____

Birth date: _____ Age: _____ School: _____

1. What mountain do you have the most interest in visiting and why?

2. Describe your perfect day at Stevens Pass.

3. What is your stock trick—meaning the trick you do without thinking?

4. What kind of music do you listen to?

5. What accomplishments are you most proud of from last year and what are your goals for this season?

6. Who are the people that inspire you most, on and off the hill and why?

7. Do you have any Sponsors?

8. What are your long-term goals for progression in your riding?