

**UNITED STATES BOBSLED & SKELETON FEDERATION**

NATIONAL GOVERNING BODY FOR BOBSLED & SKELETON

**Athlete/Junior Athlete Membership Application**

**APRIL 1, 2007 THROUGH MARCH 31, 2008**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(Email is our primary form of communication. It is the responsibility of the member to keep the office updated.)

WHICH IS YOUR PRIMARY INTEREST? BOBSLED \_\_\_\_\_ SKELETON \_\_\_\_\_

NEW MEMBERSHIP \_\_\_\_\_ RENEWED MEMBERSHIP \_\_\_\_\_

**SELECT MEMBERSHIP CLASSIFICATION:**

PLEASE MAKE CHECK PAYABLE TO THE USBSF

\_\_\_\_\_ Athlete..... \$50

\_\_\_\_\_ Junior Athlete (18 & younger)..... \$25

Athlete/Junior Athlete memberships are required in order to participate in training camps, competitions, sliding sessions, fantasy camps, skeleton schools and driving schools.

SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**SEND TO:  
USBSF - MEMBERSHIPS  
196 OLD MILITARY ROAD  
LAKE PLACID, NY 12946**

**PHONE: 518-523-1842 FAX: 518-523-9491**



## ATHLETE WAIVER/RELEASE FORM

**Athlete's Name:** \_\_\_\_\_  
Last First M.I.

IN CONSIDERATION of being permitted to participate in any way in any United States Bobsled And Skeleton Federation (hereinafter "USBSF") activity (the "Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin: **(1.) ACKNOWLEDGE, AGREE AND REPRESENT** that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity; **(2.) FULLY UNDERSTAND** that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE (but not the gross negligence and/or willful and wanton misconduct) OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known or not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity; **(3.) HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE, INCLUDING, BUT NOT LIMITED TO,** the USBSF, the Activity organizers, the Activity sponsors, those persons and/or organizations administering the Activity, the designer, constructor and operator of the Activity site, its/their sponsors and suppliers, the State of New York, Village of Lake Placid, Essex County, the State of Utah, Town of Park City, Wasatch County, including the representatives, and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, and the USBSF's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners, lessors and operators of the premises on which the Activity takes place, and any other party indemnified and held harmless by the USBSF, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (but not the gross negligence and/or willful and wanton misconduct) OF THE "RELEASEES" OR OTHERWISE, INCLUDING RESCUE OPERATIONS, SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

### **Agreement to Participate**

I, or we (in the case of a parent on behalf of a participant under the age of eighteen (18) years old), grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for me or for my child (in the case of a parent on behalf of a participant under the age of eighteen (18) years old) en route to or from or at the Activity site or hospital or other medical facility. Should a health emergency arise, medical treatment as deemed necessary by competent medical personnel is authorized. In the case of a parent on behalf of a participant under the age of eighteen (18) years old, I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby state that to the best of my knowledge my CURRENT MEDICAL HISTORY SUMMARY (page 5) and PHYSICAL EXAMINATION FORM (page 6) are complete.

**CONTINUED ON NEXT PAGE**



**ATHLETE WAIVER/RELEASE FORM**  
**CONTINUED**

I hereby authorize the USBSF to allow the reproduction, dissemination, and/or publication of my name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this USBSF event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property. I hereby release the USBSF and/or its agents from any and all claims for damages based on the use of the said name, voice, picture, image, likeness, performance, video and/or motion pictures of myself and/or my property.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF **PARTICIPANT**: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PARTICIPANT'S SIGNATURE** (only if age 18 or over): \_\_\_\_\_

**MINOR RELEASE:** AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST WHICH MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF **PARENT/GUARDIAN**: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (only if participant is under the age of 18): \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

Athlete's Name: \_\_\_\_\_

### Contact #1

Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Contact #2

Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## DRIVER'S LICENSE

**Bobsled Drivers (over age 16)** Please attach a copy of your driver's license.

## HEALTH INSURANCE

Insurance Carrier: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned has been informed of and hereby authorizes the emergency treatment considered necessary for the patient whose name appears above. The treatment and procedures will be performed by doctors who are members of the Adirondack Medical Center and/or Alta View Medical Center staff and employees of the hospital.

In addition, I hereby assign, transfer, and set over to the Adirondack Medical Center and/or Alta View Medical Center medical facility sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others, who are financially liable for my hospitalization and medical care to cover the costs of care and treatment rendered to myself or my dependents in said hospital.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of insured (if different from applicant) \_\_\_\_\_ Date: \_\_\_\_\_



## CURRENT MEDICAL HISTORY SUMMARY

	Yes	No		Yes	No
Bone, joint, or other deformity			Eye trouble		
Stomach, liver, or intestinal trouble			Severe tooth or gum trouble		
Ear, nose, or throat trouble			Loss of finger or toe		
Gall bladder trouble or gall stones			Jaundice or hepatitis		
Chronic or frequent cold			Hearing loss		
Recurrent back pain			Broken bones		
Rupture or hernia			Hay fever		
Sinusitis			Neuritis		
Tumor, growth, cyst, or cancer			Frequent or painful urination		
Head injury			Skin diseases		
Paralysis			Epilepsy		
Piles or rectal disease			Kidney stone or blood in urine		
Thyroid trouble			Tuberculosis		
Car, train, sea or air sickness			Frequent trouble sleeping		
Asthma			Frequent indigestion		
Depression or excessive worry			Shortness of breath		
Pain or pressure in the chest			Loss of memory or amnesia		
High or low blood pressure			Venereal Disease		
Scarlet fever			Palpitation or pounding heart		
Recent weight gain or loss			Rheumatic fever		
Heart trouble			Leg cramps		
Swollen/painful joints			Chronic cough		
Frequent/severe headache			Adverse reaction to serum drug or medicine		
Dizziness or fainting spells			Arthritis, rheumatism or bursitis		

**Explain "YES" answers:**

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**Past surgical procedures (attach additional page if necessary):**

1. \_\_\_\_\_ Date: \_\_\_\_\_
2. \_\_\_\_\_ Date: \_\_\_\_\_
3. \_\_\_\_\_ Date: \_\_\_\_\_
4. \_\_\_\_\_ Date: \_\_\_\_\_
5. \_\_\_\_\_ Date: \_\_\_\_\_
6. \_\_\_\_\_ Date: \_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_ **Date of most recent TETANUS TOXOID vaccination:** \_\_\_\_\_

**PERSONAL PHYSICIAN'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**I am presently taking the following medication or pills:** \_\_\_\_\_

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**I am allergic to the following medicine, bee/insect stings, food, etc. (attach additional page if necessary):**

1. \_\_\_\_\_ Reaction: \_\_\_\_\_
2. \_\_\_\_\_ Reaction: \_\_\_\_\_
3. \_\_\_\_\_ Reaction: \_\_\_\_\_



## PHYSICAL EXAMINATION FORM

### PLEASE TAKE NOTICE

**Physical form must be signed and stamped by a physician. Physicals performed by registered nurses and physician assistants must be signed by supervising physician. Physicals performed by chiropractors are not valid.**

**Physicals signed incorrectly will be considered incomplete and returned to the athlete.**

Athlete's Name: _____	Birth Date: _____
Height: _____	Weight: _____
Pulse: _____	BP: _____
Vision: R 20/ _____ L 20/ _____	Pupils: Equal _____ Unequal _____

Medical	Normal	Abnormal Findings	Initials
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia			
Skin			

Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**Clearance**

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. Not cleared for:
  - Collision
  - Contact
  - Non-contact \_\_ Strenuous \_\_ Moderately strenuous \_\_ Non strenuous

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Stamp:**

U.S. Bobsled & Skeleton Federation, 196 Old Military Road, Lake Placid, NY 12946  
Phone: 518-523-1842 Fax: 518-523-9491