

CHECK# _____

HOME PHONE _____

DATE _____

MT. GREYLOCK SKI CLUB

MEMBERSHIP APPLICATION 2011-2012

FAMILY, SENIOR, AND LIFETIME MEMBERSHIPS

NAME(S) _____

Last

First

Last

First

ADDRESS _____

Street

Town

State/Zip

To save on postage, the Bruises & Blisters newsletter will now be sent in PDF format to your e-mail address, unless otherwise noted by checking this box: continue to mail

E-MAIL _____

(please write clearly, and note if changed)

FAMILY MEMBERSHIP: LIST all children UNDER 21 on or before 01/01/11

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

JUNIOR MEMBERSHIP ONLY: (non family, under 21) A Parent/guardian must sign this application.

Name _____ D.O.B. _____

SIGNATURE OF PARENT/GUARDIAN _____

GUEST POLICY: You may invite guest(s) to ski for one day for free. (Please encourage donations.) Encourage your guests to join if they plan to return to the Club. Guests must sign the Liability Waiver when skiing at the Club.

RELEASE OF LIABILITY

I understand that Skiing and Snowboarding are hazardous activities, and I accept and clearly understand that there are inherent risks involved in the sport of skiing. In addition, other outdoor physical activities also carry an element of risk. As a member of the Mount Greylock Ski Club, I freely and voluntarily assume all of the risks and I covenant not to sue and I hold harmless and indemnify the Mt. Greylock Ski Club, Inc., its Board of Directors, Officers, and other members from all liability for personal injury or property damage that may occur when using the Club's property for skiing and all other activities, accepting full responsibility for any such damage or injury. I further agree that any claims arising out of my use of the ski area shall be subject to the exclusive jurisdiction of the State and Federal Courts of the Commonwealth of Massachusetts, and governed by the laws of the Commonwealth of Massachusetts.

I acknowledge and accept the terms of this agreement, covenant not to sue, and release of liability. I also understand that Mt. Greylock Ski Club does not carry insurance according to 526 CMR 10.02(2)(a). (If a junior membership, this document must be signed by a parent or guardian.)

Skier 1 _____ **Date** _____

Skier 2 _____

PAYMENT RECEIVED BEFORE OCTOBER 20 WILL BE MUCH APPRECIATED.

Please check all that apply:

- FAMILY ~ INCLUDES TWO ADULTS AND THEIR CHILDREN UNDER 21** **\$150**
- FAMILY2 ~ COUPLE, NO CHILDREN WHO SKI** **\$120**
- SENIOR ~ OVER 21, NOT PART OF A FAMILY MEMBERSHIP** **\$75**
- JUNIOR ~ UNDER 21, NOT PART OF A FAMILY MEMBERHSIP** **\$60**
- LIFE MEMBER ~ OVER 65, MEMBER FOR 5+ YEARS** **FREE**
- DONATION ~ A DONATION WILL HELP TO MEET OUR EXPENSES** _____

MAKE CHECKS PAYABLE TO: Mt. Greylock Ski Club

TOTAL \$ _____

MAIL TO: Ilona Sherratt, Membership Secretary
P.O. Box 337
Cheshire, MA 01225

(413) 743-5308
ilona.sherratt@gmail.com

SIGN UP FOR COOPERATIVE WORK PREFERENCES (w=winter s=summer)

All skiers 18 or over must sign up for at least one job. Please put your initials next to your choices.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(w) NATIONAL SKI PATROL _____</p> <p>FIRST AID CERITFIED _____</p> <p>(w) AREA DIRECTOR _____</p> <p>(w) TOW OPERATOR _____</p> <p>(w) PLOWING/SANDING _____</p> <p>(w) PACKING _____</p> <p>(w) SOCIAL COMMITTEE _____</p> | <p>(s)TRAIL/SLOPE MAINT. _____</p> <p>(s) BUILDING MAINT. _____</p> <p>(s) ROAD MAINT. _____</p> <p>(w/s) EQUIP/TOW CARE _____</p> <p>(s) FIREWOOD _____</p> <p>(s) MOWING _____</p> <p>OTHER (WRITE IN) _____</p> |
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