☐ NEW MEMBERSHIP CHECK# _____

CONTACT PHONE _____ DATE _____

MT. GREYLOCK SKI CLUB
MEMBERSHIP APPLICATION 2026-2027

(CIRCLE ONE) FAMILY, FAMILY 2 (couple no kids), SENIOR,

LIFETIME (over 65, member for 5 years), JUNIOR (individual under 21)

**JUNIOR MEMBERSHIP (If under 18 an adult parent/guardian must sign the waiver)*

NAME(S) _____

Last First

_____

Last First

ADDRESS _____

Street Town State/Zip

The Bruises & Blisters newsletter is sent as a PDF attachment to your e-mail address, unless otherwise noted: ☐ **MAIL Bruises & Blisters**

E-MAIL _____

(**please *print* clearly**) ***Update If changed since last year and check*** ☐

FAMILY MEMBERSHIP: List all children age UNDER 21 before 01/01/27

Name _____ **D.O.B.** _____

Name _____ **D.O.B.** _____

Name _____ **D.O.B.** _____

GUEST POLICY: Guests ski FREE for one day (encourage donations). Ask your guests to join if they plan to return to the Club. ***Guests must sign the Liability Waiver and wear a ticket 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 _____

		(AFTER DEC. 1)
FAMILY - ONE OR TWO ADULTS AND THEIR CHILDREN UNDER 21	**$150**	**$160**
FAMILY 2 - COUPLE, NO CHILDREN WHO SKI	**$120**	**$130**
SENIOR - OVER 21, NOT PART OF A FAMILY MEMBERSHIP	**$75**	**$85**
JUNIOR - UNDER 21, NOT PART OF A FAMILY MEMBERSHIP	**$60**	**$70**
LIFE MEMBER - OVER 65, MEMBER FOR 5+ YEARS	**FREE**	
DONATION - A DONATION WILL HELP TO MEET OUR EXPENSES		_____

Note: Membership dues will increase for the 2027-2028 season.

TOTAL $ _____

MAKE CHECKS PAYABLE TO: **Mt. Greylock Ski Club**

MAIL TO: **Ilona Sherratt, Membership**
P.O. Box 337 **(413) 743-5308**
Cheshire, MA 01225 **ilona.sherratt@gmail.com**

SIGN UP FOR COOPERATIVE WORK PREFERENCES

All skiers 18+ sign up for at least one job. Please initial your choices. (w = winter s = summer)

(w) NATIONAL SKI PATROL _____ **(s)TRAIL/SLOPE MAINT.** _____

(w*) FIRST AID (CERT.)* _____ **(s) BUILDING MAINT.** _____

(w) AREA DIRECTOR _____ **(s) ROAD MAINT.** _____

(w) TOW OPERATOR _____ **(w/s) EQUIP/TOW MAINT** _____

(w) PLOWING/SANDING _____ **(s) FIREWOOD** _____

(w) PACKING _____ **(s) MOWING** _____

(w) SOCIAL COMMITTEE _____ **OTHER (WRITE IN)** _____