



This form can be filled out and submitted online at:

<http://mnskihawks.org/membership/>

### SKI HAWKS SPORTS & SOCIAL CLUB 2017-2018 Membership

Please **PRINT** the following information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Interests: \_\_\_\_\_ Ski Pass: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am interested in helping to run a: Ski Trip \_\_\_\_\_ Meet & Ski \_\_\_\_\_ Social Event \_\_\_\_\_ Other \_\_\_\_\_

I am interested in being on the Board of Directors for next year: Yes \_\_\_\_\_

#### Additional Household Member:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Interests: \_\_\_\_\_ Ski Pass: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am interested in helping to run a: Ski Trip \_\_\_\_\_ Meet & Ski \_\_\_\_\_ Social Event \_\_\_\_\_ Other \_\_\_\_\_

I am interested in being on the Board of Directors for next year: Yes \_\_\_\_\_

#### Known by all present:

While engaging in the sport of skiing, or any other activity organized by the SKI HAWKS SPORTS & SOCIAL CLUB, do hereby agree for myself, my heirs, executors, and assigns, that neither the SKI HAWKS SPORTS & SOCIAL CLUB, or any of its officers or members shall be held responsible or liable for any negligence implied or otherwise, or personal injury, or death, or property loss, or damage suffered or sustained by me in connection with or arising out of any and all activities I engage in. I have read, and agree to conduct myself in compliance with, the Conduct section of the SKI HAWKS SPORTS & SOCIAL CLUB By-Laws available at [www.mnSkiHawks.org](http://www.mnSkiHawks.org). I do assume all risk of personal injury, death, or property damage/loss in connection with or resulting from any or all activities I engage in and absolve and release the SKI HAWKS SPORTS & SOCIAL CLUB and its officers and members of all liability from such personal injury or damage I may sustain.

Additionally, I agree to the Ski Hawks Policies and Guidelines available at <http://mnskihawks.org/tripsevents/>.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(All household members are required to sign)

**SKI HAWKS Membership rate is \$25 per person or \$35 per household, November 1, 2017 - October 31, 2018**

(A Household is two or more persons 21 years or older residing at the same address)

Make check payable to MN SKI HAWKS and send it along with this form to:  
Ski Hawks Membership, 4017 River Valley Way, Eagan, MN 55122

Write you check # here \_\_\_\_\_

Questions? [Membership@MNSkiHawks.org](mailto:Membership@MNSkiHawks.org)