



The 'Achievers'

Membership Application 2016 – 2017

Please fill out this form completely

Mail To:
 Membership Dept./Karen Lunzman
 31042 Montesa Dr.
 Laguna Niguel, CA 92677
 teamlunz@gmail.com
 949-276-7030

Fill out Section 1 below. Please also fill out Section 2 below if applicant is under 18 years of age or still residing at home.

Section 1

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Occupation: _____

Work Phone: _____ e-mail: _____

Fax: _____ Emergency Contact / phone# _____

Section 2

Parents Name: _____

Address: _____ City: _____ Zip: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Membership Application is for:

- 1. Family (Immediate Family) \$70.00
 - 2. Disabled Student \$45.00
Type of Disability: _____
 - 3. Instructor \$50.00
 - 4. Instructor – PSIA Certified \$40.00
PSIA Cert. Level _____
 - 5. Volunteer \$50.00
- U.S. Veteran? Yes No

Skier Info:

- ___ ☺ New / non Skier Student Height: _____
- ___ ○ Beginning Skier Student Weight: _____
- ___ □ Intermediate Skier
- ___ ◇ Advance Skier Years Skiing _____
- ___ ◇◇ Expert Skier
- I have a group name tag
- I have been a member since _____

Referred by: _____

Please state personal or professional reason for becoming a member of DSUSA, Orange County.

As an Instructor/volunteer do you have a medical condition, physical impairment, or history of seizures that could potentially interfere with your ability to safely instruct and/or care for your student? Yes No

If yes please explain... _____

Consent to release phone number within membership directory. Yes No


I am fully aware of the risks involved in participating in the activities of the Orange County Chapter of Disabled Sports USA (DSUSA) organization. I hereby release DSUSA-OC, its officers, members, and any other organization providing me an opportunity to participate in free or reduced rate activities because of my membership in DSUSA-OC of any and all liability in the event that I am injured.

I have read and agree to the Disabled Sports – USA Orange County Chapter Policies & Procedures

Signature: _____ Date: _____

For Office use ONLY.

Paid: <input type="checkbox"/> Check # _____	<input type="checkbox"/> Screening <input type="checkbox"/> Insurance Release	<input type="checkbox"/> Pre-Existing Conditions <input type="checkbox"/> Medical Release	<input type="checkbox"/> Patch <input type="checkbox"/> Copy <input type="checkbox"/> Medical Advisor
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<input type="checkbox"/> Cash	<input type="checkbox"/> Liability Release	<input type="checkbox"/> Medical History	<input type="checkbox"/> Copy  Instruction
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