



# The 'Achievers'

## Membership Application 2018 – 2019

Please fill out this form completely

Mail To:  
Membership Dept./Karen Lunzman  
15 Risa Street  
Rancho Mission Viejo, CA 92694  
teamlunz@gmail.com  
949-280-6937

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:

- Check # \_\_\_\_\_
- Cash

- Screening
- Insurance Release
- Liability Release

- Pre-Existing Conditions
- Medical Release
- Medical History

- Patch
- Copy  Medical Advisor
- Copy  Instruction