

NEW MEMBERSHIP

CHECK# _____

HOME PHONE _____

DATE _____

MT. GREYLOCK SKI CLUB

MEMBERSHIP APPLICATION 2017-2018

FAMILY, SENIOR, JUNIOR* AND LIFETIME MEMBERSHIPS:

NAME(S) _____

Last

First

Last

First

ADDRESS _____

Street

Town

State/Zip

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

E-MAIL (please print clearly) *check box and update if changed since last year*

FAMILY MEMBERSHIP: LIST all children UNDER 21 on or before 01/01/18

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

* **JUNIOR MEMBERSHIP (individual, non-family under 21)** D.O.B. _____

A parent/guardian must sign this application AND liability release if member is under 18.

Name of Parent/guardian _____

SIGNATURE _____

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 _____

Payment received before October 20 will help pay our pre-season bills.

NOTE: ALL MEMBERSHIPS INCREASE BY \$10 after DEC.1 2018

		(AFTER DEC 1)	
<input type="checkbox"/>	FAMILY - ONE OR TWO ADULTS AND THEIR CHILDREN UNDER 21	\$150	\$160
<input type="checkbox"/>	FAMILY 2 - COUPLE, NO CHILDREN WHO SKI	\$120	\$130
<input type="checkbox"/>	SENIOR - OVER 21, NOT PART OF A FAMILY MEMBERSHIP	\$75	\$85
<input type="checkbox"/>	JUNIOR - UNDER 21, NOT PART OF A FAMILY MEMBERSHIP	\$60	\$70
<input type="checkbox"/>	LIFE MEMBER - OVER 65, MEMBER FOR 5+ YEARS		FREE
<input type="checkbox"/>	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 (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 CARE _____ |
| (w) PLOWING/SANDING _____ | (s) FIREWOOD _____ |
| (w) PACKING _____ | (s) MOWING _____ |
| (w) SOCIAL COMMITTEE _____ | OTHER (WRITE IN) _____ |