

**GUNSTOCK FREESTYLE ACADEMY**

PO Box 7426 , Gilford, NH 03247  
603-393-9463

**Gunstock Freestyle Academy Application**

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_

*Mailing Address* \_\_\_\_\_

*Phone* \_\_\_\_\_ *Email Address* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_ *Skier* \_\_\_\_\_ *Snowboarder* \_\_\_\_\_

*Experience, Competitions, Snow Camps (please list)*

\_\_\_\_\_

\_\_\_\_\_

*Years skiing/snowboarding* \_\_\_\_\_ *Locations skied/snowboarded* \_\_\_\_\_

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*Best or Favorite Tricks* \_\_\_\_\_

*Goals for this season* \_\_\_\_\_

*USSA Member Number* \_\_\_\_\_

*Parents Name and Address* \_\_\_\_\_

*Emergency Contact: Name & Numbers (list two):*

1) \_\_\_\_\_

2) \_\_\_\_\_

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Academy Member Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Please mail completed application along with a non- refundable deposit to;  
Gunstock Freestyle Academy, PO Box 7426, Gilford, NH 03247*

**GUNSTOCK FREESTYLE ACADEMY**

Address  
Phone Number

**Permission for medical Treatment**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
Authorize medical treatment for my son/daughter in the event I cannot be reached and treatment is necessary due to injury sustained while my said son/daughter is participating in the ski programs of the Gunstock Freestyle Academy, and/or the United States Ski and Snowboard Association. Such medical treatment shall be given by a licensed physician in the field of medicine at my expense.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**Medical Information**

Athlete Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Other Contacts:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

**Please check all that apply:**

Diabetes  Epileptic  Heart condition/disease  Kidney Injuries  Asthma  Allergies to Medicine

Allergies to other  If yes, please list \_\_\_\_\_

While competing do you wear contacts  glasses

Date of last tetanus shot \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Other: Please State \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\***IF YOU HAVE MORE THAN ONE ATHLETE PARTICIPATING INT THE GUNSTOCK FREESTYLE ACADEMY,  
PLEASE FILL OUT ONE FORM PER ATHLETE.**

# GUNSTOCK FREESTYLE ACADEMY

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The Gunstock Freestyle Academy's goal is to make freestyle skiing and snowboarding safe and fun for all athletes. It is critical that athletes, parents, coaches, families, spectators and all those affiliated with the sport conduct themselves in a respectable and high degree of sportsmanship.

The USSA has a code of conduct for athletes as well GFA has one for parent and athletes.

## PARENT CODE OF CONDUCT

- I will inform the coaches of any disability or ailment that my child may have that could effect others
- I and my guests will be positive role models for my athlete.
- I will not encourage any inappropriate or unsafe activities for my child or others on the mountain.
- I will encourage my child to treat all others with respect.
- I will assist in ensuring that my child attends all practices.
- I will refrain from coaching my child or other athletes on the mountain during training sessions and competitions.

## ATHLETE CODE OF CONDUCT

- All GFA members are to abide by current code of conduct set forth by USSA
- GFA members are expected to conduct themselves in a sportsmanlike manner at all times.
- No GFA shall use profanity, abusive language, and/or be disrespectful at any GFA or mountain event.
  - Any GFA member who continually displays any of the above behavior will be asked to leave the team. No refund will be granted.

### **Waiver of Liability**

The Gunstock Freestyle Academy skier/snowboarder and his/her parent/guardian realize the participation in any snow activity involves the risk of serious injury, including permanent disability, death and other losses due to the action of the skier/snowboarder, inaction, or negligence of others. The skier/snowboarder agrees to physically and psychologically prepared to participate, and to use equipment of a type and condition necessary to safely participate in the sport. **The skier/snowboarder parent/guardian agrees to take all reasonable responsibility for his/her safety while participating in GFA events and assumes all responsibility for any injury or loss incurred.**

**The Skier/Snowboarder and his/her parent/guardian/relatives/heirs agree(s) to waive, release and hold harmless members of the Gunstock Freestyle Academy, its staff, directors, supporters, sponsors, and affiliates from any and all claims for loss, injury, liability and/or damage in any way connected with GFA activities.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

ATHLETE SIGNATURE \_\_\_\_\_

**Signature is imperative prior to participation in GFA activities.**

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### **Gunstock Freestyle Academy Contact Information**

1. Paige Quigley – 603-393-9463 - Chairperson
2. Sharon Palisi- 603-528-0890- Secretary
3. Dave Farley – 603-630-2259- Treasurer
4. Joe Palisi – 630-528-0890- Board Member/Buildings
5. Jake Jacobsen – 603- 455-1687-Board Member/Program Coordinator

### **Association to be joined;**

#### **1) All GFA members must be members of USSA**

#### **USSA (United States Ski & Snowboard Association)**

**PO Box 100**

**Park City, Utah 84060**

**Phone Number: 435-647-2666 (member services)**

**Website: [www.ussa.org](http://www.ussa.org)**

***Please note committees you would be interested in being a part of:***

- ***Social***
- ***Website Design***
- ***Fund Raising***