

WBC Team Application

YOUR NAME: _____
Last First Middle

APPLICANT EMAIL ADDRESS: _____ APPLICANT TELEPHONE: _____

PHYSICAL HOME ADDRESS: _____

I AM SEEKING A COMPETITION TEAM POSITION: Yes No I AM SEEKING A VOLUNTEER POSITION: Yes No

IF NECESSARY FOR THE TEAM I AM ABLE TO:

VOLUNTEER AT EVENTS Yes No

LIST OF EVENTS AND COMPETITIONS YOU CAN VOLUNTEER _____

TRAVEL AND COMPETE AT EVENTS AND COMPETITIONS Yes No

LIST OF EVENTS AND COMPETITIONS YOU CAN COMPETE IN _____

YOUR CURRENT AGE _____

YOUR AGE OF ELIGIBILITY FOR 2010 SEASON _____

YOUR COMPETITIVE BRACKET _____

RANKINGS IF ANY _____

COMPETITIVE EXPERIENCE / PERSONAL BEST ON RECORD

	TRICKS	SLALOM	JUMP
2006 SEASON			
2008 SEASON			
2009 SEASON			
2010 GOALS			

REFERENCES: List two personal references who are not relatives .

Name Address Telephone Occupation Years known

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PLEASE FILL OUT THE FOLLOWING INFORMATION

HAVE YOU EVER BEEN SERIOUSLY INJURED ? _____ EXPLAIN _____

DO YOU HAVE A CURRENT INJURY ? _____ EXPLAIN _____

ARE YOU ON MEDICATION ? _____ TYPE _____ EXPLAIN _____

Additional skills including supervision skills, other languages, or information regarding the WBC Team you wish to bring to the WBC's attention: _____

In case of accident or illness please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

AS A WBC TEAM MEMBER YOU WILL BE REQUIRED TO SIGN A CONTRACT OF CONDUCT AND PUBLIC APPEARANCE.

AS A WBC TEAM MEMBER YOU WILL BE REQUIRED TO SIGN AN INJURY AND FAULT WAIVER

If necessary for WBC TEAM membership, you may be required to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

IF YOU ARE A MINOR (UNDER 21 YEARS OF AGE), PLEASE HAVE A PARENT OR LEGAL GUARDIAN SIGN AND A NOTARY SEAL ON THIS APPLICATION.

PARENT NAME AND ADDRESS _____

PARENT TELEPHONE # _____

Parent Signature: _____ Date: _____