



**OREGON INTERSCHOLASTIC SKI RACING ASSOCIATION
ALPINE DIVISION MEMBERSHIP APPLICATION
FOR NON-OREGON ASSOCIATE MEMBER SCHOOLS**

Type in the shaded boxes below.

Signature lines are not fillable, and electronic signatures are not accepted on this form.

PRINT completed form, SIGN completed form, and SUBMIT signed form.

Fax: 541-225-5742 Email: Registration@OISRA.org

Regular mail: REGISTRATIONS OISRA 1067 West 18th Place Eugene, OR 97402

Prior to the commencement of any OISRA activities, the registrar must receive this completed form and school membership dues of \$5/year made payable to OISRA.

Name of School: _____

School Address: (Street): _____

(City/State/Zip): _____

School District: _____

I authorize students to participate in the name of the school in OISRA sanctioned activities, which are approved interscholastic activities. This school subscribes to all *OISRA rules. The OISRA provides indemnification to member schools, OISRA coaches and volunteers and racers.

As an Associate Member school, I acknowledge the school does not have voting rights for electing Board members or for other corporate business.

Name of Principal, Athletic Director, or Activities Director _____

Signature of school administrator _____ Date: _____

Contact phone & email for school personnel who will be confirming academic eligibility

Phone: _____ Email: _____

Name of Designated ALPINE Head Coach: _____

Phone: _____ Email: _____

As designated ALPINE head coach, I take full responsibility for following *OISRA rules.

Head Coach Signature: _____ Date: _____

***OISRA rules include but are not limited to: OISRA Bylaws and Policies, Alpine Policies and Race Rules.**