



OREGON INTERSCHOLASTIC SKI RACING ASSOCIATION
ALPINE DIVISION
Community Sponsored Club Sports Application

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 club membership dues of \$5/year made payable to OISRA.

Name of School: _____

School Address: (Street): _____

(City/State/Zip): _____

School District: _____

I authorize students, as members of an approved community club, to participate in OISRA sanctioned activities.
The OISRA activities are independent from and receive no funding, services, or supervision from this school or district.
This school chooses NOT to become a member of OISRA, however as a community club all club coaches, students and volunteers who have registered with the OISRA will have OISRA liability insurance coverage.

Name of Principal, Athletic Director, or Activities Director _____

Signature of school authority named above _____ Date: _____

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

Phone: _____ Email: _____

Name of Community Club: _____

Name of Designated Representative of the Community Club: _____

Phone: _____ Email: _____

Name of Designated Head Coach: _____

Phone: _____ Email: _____

As designated Head Coach, I take full responsibility for following *OISRA rules, but I do not have the right to vote for OISRA board members or other corporate matters.

Designated Head Coach Signature: _____ Date: _____

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