



OREGON INTERSCHOLASTIC SKI RACING ASSOCIATION
ALPINE DIVISION MEMBERSHIP APPLICATION
FOR MEMBER SCHOOLS

M1A

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 1-541-225-5742. 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, volunteers and racers.

Name of Principal, Athletic Director or Activities Director: _____

Signature of school authority named above _____ **Date:** _____

Contact Information for school authority:

Phone: _____ **Email:** _____

Contact information 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 vote directly in all Alpine league matters ; vote to elect Alpine Division officers who manage all Alpine Division business; and vote to elect OISRA Board members. 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.**