



**OREGON INTERSCHOLASTIC SKI RACING ASSOCIATION
NORDIC DIVISION MEMBERSHIP APPLICATION
FOR MEMBER SCHOOLS**

M1N

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 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 NORDIC Head Coach: _____

Phone: _____ Email: _____

As designated NORDIC head coach, I vote directly in all Nordic league matters ; vote to elect Nordic Division officers who manage all Nordic Division business; and vote to elect OISRA Board members. I take full responsibility for following *OISRA rules.

Signature of Head Coach: _____ **Date:** _____

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