Push & Load in Park City

Athlete Participant Application Form

Full Name	
Street Address	
City, State, Zip	
Email	
Main Phone	
Alternate Phone	
Date of Birth	

I plan to participate in the following activities (check all that apply):

Tuesday, Sept. 4 Push Track Session (5:00 – 7:00 PM):	Skeleton	Bobsled*		
Wednesday, Sept. 5 Push Track Session (5:00 - 7:00 Pl	M): Skeleton	Bobsled*		
Thursday, Sept. 6 USBSF Evaluation Session	3:00 – 5:00 PM	6:00 – 8:00 PM		
Thursday, Sept. 7 Push Track Session (5:00 - 7:00 PM)	: Skeleton	Bobsled*		
Friday, Sept. 8 Sports Seminar Day (10:00 AM - 5:00 I	PM): Yes	No		
Additional fee applies (USBA members \$10; nonmembers \$20)				
Friday, Sept. 8 Push Track Session (5:00 – 7:00 PM):	Skeleton	Bobsled*		
Saturday, Sept. 9 FIBT International Competition Open	Category Yes	No		
*Bobsled athletes, please list teammates:				
F	our Man:			
Two Man/Women's:	Driver Position:			
Driver Position: T	eammates:			
Teammate:				

Important Considerations:

All athlete participants must complete the Utah Olympic Park's Release of Liability Agreement and Policy and Procedures Form (please have your health insurance information, including company name, phone number and policy number available to complete the form). Forms are available at the UOP's Sports Services Desk. All athletes must be at least 14 years old. Parental signature required if under 18. Sleds and helmets are available for athlete use. Athletes may wear track shoes on the Push Track and at the Evaluation Day event. Only UOP sleds will be used on the Push Track. Athletes new to the sports must attend at least two Push Track sessions before Race Day.

Fees and Payment

FIBT International Competition Open Category and Push Track Sessions: \$10 per athlete Friday Sports Seminar Day: \$10 for USBA Members or \$20 for non-members The Athlete Participant Application Form and fees must be received by August 31 to guarantee participation. Applications received after August 31 will incur a \$10 per athlete late fee.

<i>Aail a check (to USBA) and completed form to:</i>	Fax form & credit card payments to UOP: 435- 658-9123
Utah Skeleton & Bobsled Association	Cardholder Name:
3419 Olympic Parkway	Type of card: VISA AMEX MC other
PO Box 980596	Card No.:
Park City, UT 84098-0596	Exp. Date and CID:
Utah Skeleton & Bobsled Association 3419 Olympic Parkway PO Box 980596	Cardholder Name: Type of card: VISA AMEX MC other Card No.: