

Unicycling Skills Clinic
April 1, 2006
\$10.00 registration fee

Name: _____
Last First

Address: _____

City/State/Zip _____

Email Address _____

Team Name _____

Office use only: Registration Paid _____ Cash _____ check _____

Age _____ Gender _____ M _____ F

Unicycling Society of America member? _____ yes _____ no USA Skill Level _____

Unicycle ability (beginner, ride across gym, etc.) _____

The organizers of the Unicycling Skills Clinic, April 1, 2006 remind all participants that unicycling is a potentially hazardous activity. The organizers of USC 2006 cannot accept responsibility for any personal injury which you might sustain or which you might cause to another person as a result of participation in any of the events. Additionally, the organizers are not responsible for theft or loss of, or damage to, personal property. All participants are required to sign the following statement: In consideration of the Panther Pride Unicycle Team, Snoqualmie Valley School District #410, all the other sponsors, agents, and representatives organizing and conducting USC 2006. I hereby waive, release, and discharge forever all above said organizations and their sponsors, agents, and representatives from all claims, demands, actions and causes of action of whatsoever kind and nature arising directly from any known or unknown, foreseen or unforeseen, bodily and personal injury, damage to property, and consequences thereof resulting from my participation in said USC 2006. I assume all risks of injury or mishap resulting from my participation and covenant, not to sue the aforementioned parties for said injuries and / or damage. I also permit the Panther Pride Unicycle Team to engage emergency medical treatment to me or my said son or daughter. I also give permission for the use of my name and / or picture in any broadcast, telecast, or other account of this event.

Signature _____

A parent or responsible party is required to sign and fill in the requested information on the following release for all registrants under the age of 18:

I give my consent for the above named minor to attend USC 2006 on the above terms.

Print name _____

Signature _____

Please fill out back side of form

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The following adult attending PNUM will be responsible for the above named minor

Name _____ Cell _____

Emergency Contact Information – To Be Filled Out By All Registrants

Name _____

Attending PNUM? _____ yes _____ no

Emergency phone and/or cell phone number

RSVP 425-831-8384
teppera@snoqualmie.k12.wa.us

Please make checks out to PPUT

Mail Registration before March 24th to:

Alan Tepper
400 East 3rd Street
North Bend, WA 98045