



**Western Region U18 Nationals Project  
Copper Mountain, CO  
Feb 26<sup>th</sup> – March 6<sup>th</sup>, 2014**

**Copper Information:**

**Schedule of Events:**

Wednesday, Feb 26 <sup>th</sup> :	Arrival by 6pm
Thursday, February 27 <sup>th</sup> :	Men and Ladies Downhill Training
Friday, February 28 <sup>th</sup> :	Men and Ladies Downhill Training
Saturday, March 1 <sup>st</sup> :	Men and Ladies Downhill
Sunday, March 2 <sup>nd</sup> :	Men and Ladies Super G
Monday, March 3 <sup>rd</sup> :	Men Giant Slalom
Tuesday, March 4 <sup>th</sup> :	Ladies Giant Slalom
Wednesday, March 5 <sup>th</sup> :	Men and Ladies Slalom      Awards Banquet (6:00pm)
Thursday, March 6 <sup>th</sup> :	Men and Ladies Parallel Slalom

**Staff:**

Karin Harjo	West
Gwynn Watkins	West
8 other coaches	TBD

**Project Cost:**

Project cost \$1575 Cost includes lodging, lifts, entries, race day wax, staff and transportation expenses. Dinner is included; however athletes will be responsible for their own breakfast and lunch. We will be in condos with full kitchens.

**Travel “VERY IMPORTANT”**

**FOR ATHLETES FLYING TO COPPER**

Book tickets to arrive in Denver Feb 26th before 12:00pm. Once you arrive please go to the Delta baggage claim. A Coach will be there to pick you up and transport you to Copper.

For departure flights: Book flights after 8pm on March 6<sup>th</sup> or flights departing on March 7<sup>th</sup>.

For athletes flying out on March 7<sup>th</sup> you will need to book your own lodging at the Days Inn Hotel Denver Airport. They have a free 24 hour shuttle. We have one staff member staying at the Best Western in Denver on the night of March 6<sup>th</sup>.

**FOR ATHLETES DRIVING TO COPPER:**

Please plan on arriving at the condos no later than 6pm on Wednesday Feb 26th. We will be staying at: East Village, Copper Mtn. (154 Wheeler Place, in the Fox Pine Inn, Copper Mountain). Once you arrive please call Gwynn Watkins 435-714-2964 or Karin Harjo 435-714-3567 for check in.

**MEAL PLAN:**

Each athlete will receive a meal ticket per day for Dinner. This will be provided for athletes for dinner on Feb 26th. They will also be provided a banquet ticket for the awards dinner. Athletes will need money for travel day meals, breakfast, lunch and snacks while at Copper.

**TEAM MEETING:**

Dinner will be at 6:30pm-8:00pm on arrival at Copper Station. The first team meeting will be 8pm at Copper Station.

**Documentation:**

Please return registration forms and fees to Gwynn Watkins as soon as possible.

Email: gwatkins@ussa.org

Fax#: 435.940.2810

Mail: PO Box 100  
Park City, UT 84060

If this is your first Western Region Project please fill out a medical release and team agreement and send in with the forms.

**Athletes:**

**Women and Men will be posted on [www.ussawest.com](http://www.ussawest.com)**

**FORMS & RELEASES BELOW**

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Athlete Name: \_\_\_\_\_

Athlete email \_\_\_\_\_ Athlete Cell \_\_\_\_\_

Home Club and Coach: \_\_\_\_\_

Home Coach's: email \_\_\_\_\_ telephone \_\_\_\_\_

Parent's: email \_\_\_\_\_ telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact # \_\_\_\_\_

Driving: Arrive at hotel registration by 6:00 PM.

Flying: From \_\_\_\_\_ to Denver on airline: \_\_\_\_\_ Flight #: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Arrival Time: \_\_\_\_\_ (flight must land by **12:00pm Feb 26th**)

Departing from Denver, traveling to \_\_\_\_\_ on airline \_\_\_\_\_ Flight #: \_\_\_\_\_

Departure Date \_\_\_\_\_ Departure Time: \_\_\_\_\_ (on March 6<sup>th</sup> after **8:00 pm**).

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**INVOICE**

Name \_\_\_\_\_

Project U18 Championships Account No. 4910- 5226

PLEASE Fax or email your forms and Travel plans to:

Gwynn Watkins

Mailing Address

Fax # 435.940.2810

PO Box 100

Email: [gwatkins@ussa.org](mailto:gwatkins@ussa.org)

Park City, UT 84060

Cell #: 435-714-2964

Total Cost \$1575.00

Total Cost with Copper Pass \$1362.00

Add 2.5% CC fee

Total cost: \_\_\_\_\_

Check No. \_\_\_\_\_

Credit Card: Visa: \_\_\_\_\_ Master Card: \_\_\_\_\_ American Express: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**USSA Western Region  
2013-2014 Medical Release**

Athlete Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

E Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent \_\_\_\_\_ Parent \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E Mail \_\_\_\_\_ E Mail \_\_\_\_\_

**Insurance Coverage**

Company \_\_\_\_\_ Identification # \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Athlete Social Security \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Policy Holder SS# and Birth date \_\_\_\_\_

(Need this information for a hospital or doctor's office to make a claim to an insurance company after treating the athlete)

**Medical History**

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Impact Baseline Test Date and Location \_\_\_\_\_

Current injuries or Medical problems \_\_\_\_\_

**Athlete Medical Release**

Athlete or Parent, if Athlete is under the age of 18 years, hereby authorizes USSA/Western Region Staff to secure hospital, medical, surgical and dental care or treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete; coaches can authorize that athlete to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. USSA/Western Region shall notify Parent at the earliest possible time before, during or after such care, treatment and/or procedures are authorized. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage the physicians and USSA/Western Region to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically holds harmless and indemnifies USSA of and from any and all costs and/or claims of any nature arising out of the provision of such care, treatment and/or procedure.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**USSA Western Region Alpine  
2013-2014 Team Agreement**

**Team Rules**

Members of USSA teams attending competitions on the national quota, traveling with or as part of a competition trip organized by the USSA Western Region Staff, or attending any training camp or project as part of a USSA Group are required to abide by the USSA Code of Conduct.

**Additionally, team members agree to:**

- Pay in full the project fee before the first day of arrival of the project, unless a payment plan is worked out at the time that the team is named;
- Fully participate in the organized accommodations;
- Attend all team meetings and training activities on time and fully prepared;
- Observe any curfew established by the coaching staff;
- Not use or possess illegal drugs;
- Not illegally use or possess alcohol;
- Not use or possess alcohol in the team accommodations, the team vehicles, or in the presence of team members who are not of legal age;
- Reside in the room to which they are assigned and will share responsibility with their roommates for damages, cleaning charges, and rule violations that occur in the room when it is not possible to establish individual responsibility;
- Observe any additional rules established by the head coach of the project
- Be filmed and photographed and to have his/her image and voice otherwise recorded in any media by the USSA's official photographer(s), film crew(s), and video crew(s) and by any other entity authorized by USSA and grants to USSA the irrevocable, fully paid up, worldwide right and license to use, and to authorize third parties to use, in all media, Athlete name, likeness, picture, voice, and biographical information for: (1) news and information purposes; (2) promotion of USSA and the specific competitions in which Athlete competes; (3) promotion of USSA through its fundraising mission; and (4) to support USSA's educational and philanthropic efforts through the production of educational and training videos, DVDs and other media.

Violations of these rules may result in suspension from the team and in loss of the opportunity to participate in future teams or quota team preparation or competition projects.

**Agreement**

I, the undersigned USSA competitor, have reviewed these rules and the "USSA Code of Conduct," and agree to abide by it and all applicable rules and procedures during in my participation in any national training or competition project during the current season. I agree that a violation of the rules may result in my immediate suspension from a team, and in the loss of all team services including representation at Team Captains' and Jury meetings, training, housing, meals, and transportation. I realize that I will receive no refund for the unused portion of these services. If suspended, I will be prepared to make whatever arrangements are necessary in order to continue to compete in the event and/or return home. I realize that actions that are violations of the law may result in my arrest and that it will be my responsibility in such a case to notify my parents or legal guardians and/or to make such arrangements as may be necessary for my release and return home. This agreement shall be valid for all projects in the 2013-2014 training and competition season.

Athletes under 18 years of age must have the following section signed by either parents or legal guardians, if applicable. We, the undersigned, parents or legal guardians of the above Athlete, having read and understood the above, agree to allow our child to participate in USSA training or competition teams. We understand and agree that if our child violates these rules and procedures, he/she may be immediately suspended from the USSA project with the loss of all team services and without refund of fees paid. We agree that in any case where our child's actions result in his/her arrest, that sole responsibility for notifying us rests with our child and the local law enforcement officials, and that we, and not USSA or USSA Western Region, are solely responsible for such actions as may be required to secure his/her release and return home. This agreement shall be valid for all projects in the 2013-2014 training and competition season.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Athlete Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

**USSA Western Region Alpine  
2013-2014 Hold Harmless and Indemnity Agreement**

For and in consideration of the provision of ski racing instruction and training by USSA, I \_\_\_\_\_ (“athlete”), and if athlete is under the age of 18 years, the parents or legal guardians of athlete, do hereby covenant and agree on behalf of ourselves, to hold harmless, release, defend, and indemnify USSA and any of its employees, or volunteer workers of and from any and all claims arising from athletes participation in USSA Western Region events, including, but not limited to racing instruction, racing competition, or traveling to and from races or training camps. We specifically represent that we have read and have understood that this release is intended to serve as a general release of all legal claims against USSA and USSA/Western Region Alpine, is to be construed as broadly as possible in favor of USSA, and releases USSA from all claims, including, but not limited to, those arising from the negligence of USSA itself.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

If Athlete is under the age of 18 years, a parent or legal guardian’s signature must be affixed here:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**USSA Insurance Policy**

FIS and USSA rules require that competitors be covered by valid and sufficient accident insurance. The racer must carry proof of this insurance and have it available at each race or camp so that prompt medical care can be obtained, if ever needed.

**Agreement**

We have read and understood the Insurance Policy statement. The insurance policy listed on the Medical Release meets the requirements of the USSA Insurance Policy and will be maintained in force while the competitor is involved in a USSA camp or team or while participating in any event on a USSA quota. We agree that we are responsible for any and all medical charges and we agree that we will promptly reimburse USSA for any expenses that they or their coaches incur on behalf of the competitor.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date