



**SCRANTON SKI CLUB
MEMBERSHIP APPLICATION**

Membership Year October 1st – September 30

NAME: _____

No Changes to ADDRESS/TELEPHONE/EMAIL

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

TELEPHONE: _____

SPOUSE: _____

Child #1 (under 21) _____ **Birth Date:** _____

LIST TELEPHONE NUMBER ON ROSTER? YES _____ **NO** _____

NEW MEMBERSHIP: _____ **SINGLE \$20.00** _____ **FAMILY \$30.00**

RENEWAL MEMBERSHIP: _____ **SINGLE \$15.00** _____ **FAMILY \$25.00**

ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE OF LIABILITY:

The Scranton Ski Club is a year-round social/sports club providing a variety of activities for its members. Most of the activities, to a varying degree, could be hazardous and involve risk of injury, death and/or property damage. As a condition of membership and with the intent to be legally bound, the undersigned releases and fully discharges the SSC, its officers, representatives, and members from any and all claims, liabilities, obligations, cause of actions or demands which may arise as a result of any social or athletic activity sponsored or conducted by SSC. After reading and understanding this Release of Liability, I hereby apply for membership in the Scranton Ski Club. All applicants must sign the application.

SIGNATURE: _____ **DATE:** _____
APPLICANTS MUST BE 21 YEARS OF AGE

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MAIL: SCRANTON SKI CLUB, PO BOX 3301, SCRANTON PA 18505-0301
CHECKS PAYABLE: SCRANTON SKI CLUB