

**2012 ALTON WATER SKI AND WAKEBOARD CLUB REGISTRATION**

[www.altonski.com](http://www.altonski.com)

[www.usawaterski.org](http://www.usawaterski.org)

**Membership Chair: Sarah Pierce 618-830-6814 [skibaby358@aol.com](mailto:skibaby358@aol.com)**

All ski club members participating in land, dock, water, or boat activities with the River Road Renegades Show Team must be a USA Water Ski Member. All ski club members must provide their own U.S. Coast Guard approved flotation device that fits correctly and is in good condition.

**New member ( )                      Returning member ( )**

Choose one of the following due structures:

- \*\*Dues:** ( ) Individual Membership (ML-IC): \$80\*
- ( ) Family Membership (ML-FC): \$130\* (3 or more)
- ( ) Individual Membership River Road Renegades (ML – IR) \$100\*
- ( ) Family Membership River Road Renegades (ML – FR) \$200\*

(\*all members can earn a refund of up to 50% of their dues by supporting club fundraisers)

(1) Name \_\_\_\_\_ ML-(IC, FC, IR, FR) Age: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Text ( ) T-shirt size \_\_\_\_\_

E-mail address: \_\_\_\_\_ (All Club correspondence sent via email)

**Additional Family Members**

(2) Name \_\_\_\_\_ ML-(IC, FC, IR, FR): \_\_\_\_\_ Cell #: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Email address: \_\_\_\_\_ Text ( )

(3) Name \_\_\_\_\_ ML-(IC, FC, IR, FR): \_\_\_\_\_ Cell #: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

E-mail address: \_\_\_\_\_ Text ( )

(4) Name \_\_\_\_\_ ML-(IC, FC, IR, FR): \_\_\_\_\_ Cell #: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

E-mail address: \_\_\_\_\_ Text ( )

(5) Name \_\_\_\_\_ ML-(IC, FC, IR, FR): \_\_\_\_\_ Cell #: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Text ( )

(6) Name \_\_\_\_\_ ML-(IC, FC, IR, FR): \_\_\_\_\_ Cell #: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

E-mail address: \_\_\_\_\_ Text ( )

(Available T-shirt Size: CL AS AM AL AXL AXXL)

In case of emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any restrictions on the skier's activities? (Y) (N)

Does the skier have any special needs? \_\_\_\_\_

