

EDUCATION EVENT APPLICATION

Professional Ski Instructors of America - Central
3225 West St. Joseph, Lansing, MI 48917
(517) 327-0601 • (517) 321-0495 Fax



Participant Information

(Please Print Clearly)

☐ Check here if you're a dual member or not a Central Division member.

Member ID #: _____ *New members must include a membership application.*

Name: _____

Address: _____

City _____ State _____ Zip _____

Daytime Ph: _____

Evening Ph: _____

Date of Birth: _____ Must be at least 15 years of age to participate.

Email Address: _____

Snow Sports School: _____

Payment Information

Payment type: ☐ Visa ☐ Mastercard ☐ Check
☐ AMEX ☐ Discover ☐ Money Order

Credit Card #: _____

Expiration Date: _____

Event fee: \$ _____

*Additional fee(s): \$ _____
*Late Fee (\$25) or Unscheduled Event Fee (\$30)

**Gift to Education Foundation: \$ _____
☐ By checking this box, you are not allowing Central Division to use your name in public acknowledgement of your contribution to the Education Foundation.

Total: \$ _____

Date: _____ Signature: _____

**Gifts to the PSIA-C Education Foundation are tax deductible along with education events with the exception of exams.

CLINIC/EXAM LOCATION: _____ EVENT DATE(S): _____

DISCIPLINE OF CLINIC/EXAM: ☐ Alpine ☐ Snowboard ☐ Adaptive ☐ Telemark ☐ Nordic Track

CONTINUING EDUCATION

(List your three event choices in the order of preference.)

ex. 1. 1100 - Mini Academy)

Your Certification Level: _____

1. _____

2. _____

3. _____

On one day events, please indicate the day you will attend.

*LIABILITY RELEASE STATEMENT

I acknowledge that skiing and snowboarding can be a hazardous sport and that serious injuries could result from my participation. I have read and agree to abide by *Your Responsibility Code* as well as any posted signs at the host area. I hereby release PSIA - C, the PSIA - C Education Foundation, the host area, and the directors, officers, agents and employees from liability for any and all injuries and damages of whatever nature arises during or in connection with my participation in this event.

Date: _____ Signature: _____

***Mandatory for application processing**

***CERTIFICATION:** (Please also complete the back of this form)

Exam Location Num: _____ (ex. 1100)

For Adaptive, indicate discipline for examination: _____
(ex. mono)

PLEASE CHECK BELOW IF YOU HAVE ALREADY TAKEN YOUR WRITTEN EXAM: (*Applies to alpine only*)

☐ I have already taken and passed my written exam.

*ALPINE WRITTEN EXAMS ONLY

Alpine Levels 2 & 3 written exams must be taken before submitting this application.

An email confirmation will be emailed to you within 72 hours of receiving this application in the Central Division office. If you do not provide an email address, a postcard confirmation will be mailed to you instead.

CERTIFICATION EXAM REQUIREMENTS

AGE: Instructors taking a Level 1 Certification Clinic must be at least 18 years of age. Instructors taking a Level 2 or 3 Certification Examination must be at least 18 years of age.

EXPERIENCE: Instructors applying for the Alpine Level 1 Certification Clinic or Level 2 Certification Examination must have their snow sports school director verify the requirements and make the recommendation below.

ALPINE, SNOWBOARD, AND ADAPTIVE SKIING RECOMMENDATION

I verify that (please print) _____ meets the exam requirements shown below and I make my recommendation to take the following exam.

Circle one: Alpine Snowboard

Note: For Adaptive Level 1, candidates must have one year's worth of experience in adaptive skiing and have attended a PSIA-C Adaptive Skiing Clinic. For Adaptive Level 2, candidates should have attended for at least one year and have taken either an Adaptive Skiing Shop Clinic and/or Alpine Level 2 Preparatory clinic.

Exam Requirements: Level 1 Recommendation: _____ Instructor training or teaching experience.
Level 2 Teaching Recommendation: _____ Snowboard: 25 hours

Snow Sports School

S.S.D. Name (please print)

Snow Sports School Address

Snow Sports School Director's Signature

NON-PSIA EXAM RECOMMENDATIONS:

The instructor named below has met the requirements for

Level 1 Certification Clinic Level 2 Certification Clinic

Instructor taking exam (please print)

Recommending PSIA-C member (please print)

Recommending form

Address

Date Recommending Member's Signature

NOTE: Candidates for the Level 1 Certification/Clinic recommending member must be Certified Level 1 or 2

or 3 Certification/Clinic recommending member must be Certified Level 2 or 3

SNOW SPORTS SCHOOL DIRECTOR'S RECOMMENDATION

I recommend the person named below

Snow Sports School Director

Snow Sports School

Snow Sports School Address

Date

Director's Signature

This application with the correct fees and exam recommendations must be submitted in the Education Events Schedule. Late applications may be accepted at the discretion of the instructor.

PSIA GROUP AND TRAINERS DEVELOPMENT

Snow Sports School Director Trainers Development Program