



WaterBugs Ski Club, Inc. 2010 Membership Application

Name _____ USA Water Ski # _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 E-mail _____ Birth date _____
 (All information is sent via email)

Other Family Members	Birth Date	USA Water Ski #
_____	_____	_____
_____	_____	_____
_____	_____	_____

- If you sell program book ads you will receive a refund of 5% on repeat sales and 15% on new ads. Refund is in the form of a dues credit toward next year's (2011) dues, up to the amount of WaterBugs dues.
- You must work two (2) Brewer's games. If you work more than two (2) Brewer's games, \$50.00 per game will go into an account and offset next year's (2011) dues.
- You must work one Alpine Valley concert.
- Each skiing member must be able to swim.
- All members 14 years and under must have one parent present for participation at each show and practice. The parent must be a WaterBugs member.
- Family membership includes all members of a family consisting of parent, spouse and children under the age of eighteen (18) in the same household.
- All members must sign up on at least one (1) committee. If you do not sign up for a committee, you will be assigned one. (see back side of this form)
- **All members must pay for their own "Active" USA Water Ski insurance.**
- **All members must pay for their own WWSF membership.**

Membership dues for New Individual Skiers

New Skiing Member	\$100
-------------------	-------

Membership dues for returning Individual Skiers

Returning Skiing Member	\$150
Each Additional Skiing member	\$75

Active Non-Skiing Membership (Boat Driver, Spotter, Dock Crew, Etc.)

Non-Skiing Member	\$25
-------------------	------

Payment Timeline for Returning Members

Pay in full, or start a payment plan by December 15 to avoid the following mandatory donations.	Pay December 16 – April 15	Pay after April 16
	+ \$100 Mandatory Fundraising Donation	+ \$200 Mandatory Fundraising Donation

Make Checks payable to WaterBugs Ski Club Inc.
 Send to Muskego Water Bugs Ski Club, PO Box 111, Muskego WI 53150
 There will be no discounts or refunds

The WaterBugs Ski Club is a 501(c)(3) organization. Donations are tax deductible.
 The objective of the WaterBugs Ski Team is to educate youths on the techniques, rules and safety of water skiing.

---For Secretary Use-----
 USA Water Ski Insured Wisconsin Waters Ski Federation Member(s)

2010 WaterBugs Committees

(Circle at least one committee per member)

- Show
 - Costumes
 - Equipment
 - Sound
 - Dock
 - Props
 - Choreography (Dances & introductions)
 - Nominations
 - Fund Raising
 - Social
 - Promotions and Public Relations
 - Safety
 - Audit
 - Other (please specify)
-

Information on USA Water Ski and WWSF Insurance

*** All members must purchase their own USA Water Ski Insurance and WWSF Membership ***

USA Water Ski



www.usawaterski.org

- 1) Go to "Membership Services"
- 2) Either click "Join USA Water Ski"
- or - "Renew Your Membership Online"

Cost:

Individual Memberships

- Active (25 and Older) - \$70
- Under 25 Active - \$40

Family Memberships

- Family Active Head of Household - \$75
 - Family Active Dependent - \$35
- *Dependents = Spouse and/or child(ren) under 18**

Memberships expire one year from date of issue.

WWSF



www.waterski.org

- 1) Go to "Membership" tab
- 2) Drop down menu to "Join the WWSF"

Cost:

Active INDIVIDUAL Membership

- **\$15.00**

Any individual age 18 or older as of January 1

Active FAMILY (Bundle) Membership

- **\$30.00**

Bundle (up to 12 members)

Family membership consisting of at least one adult or legal guardian and spouse or children or both, all living in the same household

Memberships expire December 31st of current year.



WaterBugs Ski Club, Inc. 2010 Emergency Form

(Complete for all members)

1) Participants Full Name _____ **DOB** _____

Address _____ City, State Zip _____

Phone #'s Home: _____ Cell: _____

Doctor's Name _____ Doctor's Phone # _____

Preferred Hospital _____

2) Participants Full Name _____ **DOB** _____

Doctor's Name _____ Doctor's Phone # _____

Preferred Hospital _____

3) Participants Full Name _____ **DOB** _____

Doctor's Name _____ Doctor's Phone # _____

Preferred Hospital _____

4) Participants Full Name _____ **DOB** _____

Doctor's Name _____ Doctor's Phone # _____

Preferred Hospital _____

Emergency Contacts

1) Name _____ **Relation** _____

Phone Number _____

2) Name _____ **Relation** _____

Phone Number _____

3) Name _____ **Relation** _____

Phone Number _____

Insurance Information

Policy Holder _____

Policy Number _____ Group Number _____

Consent for Medical Treatment:

As the participant of parent or legal guardian of the above name participant, I hereby give consent for medical care by a duly licensed Doctor of Medicine, Doctor of Dentistry, Paramedic, or Certified Athletic Trainer. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of the participant.

Signature _____ Date _____