



2008 Rocky/Central Hintertux Fall Glacier Camp

Location: Hintertux, Austria

Dates: October 4-18 (travel October 4th and October 18th).

Invited: RMD All Star Team, June NDS Invitees, RMD J2 Team and Team Central Members (contact Regional Coach Rob Worrell for any wild card requests).

Cost: \$3100 without airfare (RMD athletes will receive grant money of \$250 each to be deducted from bill). Includes 3 meals daily, housing, ground transportation, lifts/training, and coaching expenses. Does not include meals while travelling or cost of airfare.

Payment/Confirmation: Deposit \$1000 due by August 1.

Send full payment By Sept. 20th, and paperwork to Darlene Nolting, Box 1679, WinterPark, CO. 80482

Focus/Content: Hard snow training, challenging terrain where appropriate tactics must be respected. Nor Am level peer group intensity, exposure to Europe and World Cup Teams.

Coaches: Rob Worrell, R/C regional coach, rworrell@ussa.org, home office-970-879-9001, cell-435-640-8512 Other coaches TBA.

Housing/meals: Huckleberry Hotel Hintertuxerhof Phone: (011) 43 5287 8530 email-
info@hintertuxerhof.at Website: www.hintertuxerhof.at

Air Transportation: On your own. Arrive in Munich by 10AM on October 5 and Depart after 7AM on October 18. Coordinate with coaches' flights through Winter Park Travel 1-800-325-2748. Please send Itinerary to Rob by departure date! If we get 10 athletes wanting to travel together from Denver we can do a group airfare.

Schedule: 6:00AM Breakfast, 7:00 Load Trams, on snow training 8-1PM (sometimes we eat lunch on the glacier, other days we finish early and eat lunch at the bottom). Physical Conditioning 4-5PM, Dinner 6PM, 7PM Meeting/Lecture/Video review and preview, Lights out 9:30PM.

What to Bring: Dryland/Conditioning clothes, sun screen, dark lenses/sun glasses, GS/SL skis, SL protection, back pack, water bottle, and rain gear. Europe is 220V power; bring appropriate power converter and electrical outlet adaptors. Most modern appliances have 110V to 220V input.

Questions

Rob Worrell – home office 970-879-9001, cell 435.640.8512; rworrell@ussa.org

Darlene Nolting – 970-887-0232; 435-640-8510; dnolting@ussa.org

Terry DelliQuadri – 435.640.8504; tdelliquadri@ussa.org

Brewster McVicker – home office 231-347-6363, cell 435-714-9243; bmcvicker@ussa.org



2008 Rocky/Central Fall Glacier Project - Hintertux

Name: _____

Address: _____

Phone: _____

Email: _____

INVOICE

Name: _____

Amount: \$3,100

Check Number _____

Credit Card (Circle one) VISA MASTERCARD

Please note credit cards will be charged an additional 4.1%

Number: _____ EXP Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Mail Payment and documents to Darlene Nolting by August 1st:

Darlene Nolting
PO Box 1679
Winter Park, CO 80482
dnolting@ussa.org

Documents to be include are:

- ✓ Invoice and payment
- ✓ 2008-2009 NDS Medical Release
- ✓ 2008-2009 NDS Team Agreement
- ✓ 2008-2009 NDS Hold Harmless and Indemnity Agreement



National Development System 2008-2009 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 National Competition Director, 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.

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 2008-2009 training and competition season.

Athletes under 18 years of age must have the following section signed by both 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, 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 2008-2009 training and competition season.

Athlete Signature

Athlete Name

Date

Parent or Guardian Signature

Date

Please send to:
Rocky Mountain Division, PO Box 1679, Winter Park, CO 80482 PH/Fax: 970.887.0232 dholting@ussa.org



**National Development System
2008-2009 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 athlete’s participation in National Development System 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, 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



**National Development System
2008-2009 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** _____

Medical History

Allergies _____

Medication _____

Other Medical Information _____

Foreign Coverage (for athletes traveling outside the U.S.)

We have verified with our insurance company that this policy is effective for care in foreign countries. Any additional information necessary is attached to this form. Our son/daughter will travel with a means of payment for medical services (e.g. credit card).

Athlete Medical Release

Athlete or Parent, if Athlete is under the age of 18 years, hereby authorizes USSA 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 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 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

*Please send to:
Rocky Mountain Division, PO Box 1679, Winter Park, CO 80482, PH/Fax: 970.887.0232, dnoiting@ussa.org*

