# NEW SKI TEAM MEMBERSHIP APPLICATION

## NJ High School Information

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|---|---|
| **School Name:** | School District: |
| School Address: | Year of Participation: |
| **Administrator Position (circle):** Superintendent Principal<br>**Administrator Name:** | Administrator Email:<br>Administrator Phone: |
| **Athletic Director Name:** | AD Phone:<br>AD Email: |
| **Head Coach Name:** | Head Coach Phone:<br>Head Coach Email: |

By signing below, I confirm that our High School Alpine Ski Team is administered as an interscholastic winter sport with the same approval, oversight, and requirements standard for all varsity sports at our school.The team is authorized to represent this high school and participate in ski competitions, training programs, and events held under the jurisdiction of the New Jersey Interscholastic Ski Racing Association (NJISRA).
**All three signatures are required.**

**Administrator:**_____ **Date:** _____

**Athletic Director:**_____ **Date:** _____

**Head Coach:**_____ **Date:** _____

## Ski Team Type (Check One):

☐ Girls Team ☐ Boys Team ☐ Both Girls & Boys Teams

**Number of Racers:** Girls: _____ Boys: _____

*Scan and email the completed form to the NJISRA Executive Council ec@NJISRA.org.*
***Important:** The form must be emailed from the school administrator's official email address by **September 15** to be considered for the upcoming season. Notification of decisions will be issued by October 1.*