



NEW SKI TEAM MEMBERSHIP APPLICATION

NJ High School Information

Name of NJ High School:	School District:
School Address:	Year of Participation:
Administrator Name:	Administrator Phone:
Administrator Position (circle): Superintendent Principal Athletic Director	Administrator Email:

By signing below, I confirm that our High School Alpine Ski Team is an approved interscholastic activity. The team is authorized to participate in the name of this high school in ski competitions, training programs, and events held under the jurisdiction of the New Jersey Interscholastic Ski Racing Association (NJISRA).

Signature of

Administrator: _____ **Date:** _____

Head Ski Coach Information:

Head Ski Coach Name:	Phone:
Email:	

Signature of

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.