



SKI TEAM MEMBERSHIP RENEWAL APPLICATION

NJ High School Information

School Name:	School District:
School Address:	Year of Participation:
Administrator Position (circle): Superintendent Principal Athletic Director	
Administrator Name:	Administrator Email: Administrator Phone:
Head Coach Name:	Head Coach Phone: 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).

Both signatures are required.

Administrator: _____ Date: _____

Head Coach: _____ Date: _____

Ski Team Type (Check One):

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

Anticipated Number of Racers: Girls: _____ Boys: _____

Scan and email the completed form to the NJISRA Executive Council ec@NJISRA.org along with an initial team roster by **December 1st**. Late submissions may result in ineligibility for the season.