



PSIA-AASI CENTRAL

2012-2013 Education Event/Exam Application

3225 West St. Joseph, Lansing, MI 48917

This form is to be used to register for events and exams by MAIL only!
If you would like to register for an exam by email, please contact the office at 517-327-0601
or info@psia-c.org for assistance.



You will receive an email confirmation within 72 hours of receipt of this application in the Central Division office. Please be sure we have your current email address on file. To avoid your confirmation going into spam be sure to add us to your address book!

Check here if you prefer to receive your confirmation by mail.

National ID #: _____

Check here if you're not a Central Member

Full Name: _____

Address: _____

D.O.B.: _____

Snow Sports School: _____

Business Phone: _____

Current Certification Level: _____

Mobile Phone: _____

Email: _____

Home Phone: _____

EVENT INFORMATION:

Location: _____ Date: _____

Discipline: Alpine Snowboard Adaptive Cross Country Telemark Freestyle Children's

Name of Event: (List up to 3 choices in order of preference, second/third choice will only be used when first choice is full or cancelled. For accuracy, please write name as it appears on Calendar of Events)

1. _____

Clinic Exam

2. _____

Clinic Exam

3. _____

Clinic Exam

For Alpine Only:

I have already taken and passed my written exam. I will need to take my written exam at the event.

* Note: Alpine Level 2 & 3 written exams must be taken and passed before submitting this application.

I have completed my Portfolio I have not completed my portfolio

*Note: Portfolio is strongly recommended but not required

For Adaptive Only: Please indicate discipline for examination: _____

PAYMENT INFORMATION:

Paying by Check # _____ Paying by Credit Card Visa Mastercard AMEX Discover

CC #: _____ Exp Date: _____ CVV 2: _____

Event Fee: \$ _____

Additional Fee(s): \$ _____

*Gift to Education Foundation: \$ _____

TOTAL: \$ _____

**The Education Foundation researches new techniques and methodologies of teaching snowsports, develops safety programs for snowsports, and the development of skiing programs for the handicapped.*

I do not allow Central Division to use my name in public acknowledgement of my contribution to the Education Foundation.

LIABILITY RELEASE STATEMENT *Mandatory for application processing

I acknowledge that skiing and snowboarding can be a hazardous sport and that serious injuries could result from my participation. I have read and agree to abide by *Your Responsibility Code* as well as any posted signs at the host area. I hereby release ASEA-C, the ASEA-C Education Foundation, the host area, and the directors, officers, agents and employees from liability for any and all injuries and damages whatever nature arises during or in connection with my participation in this event.

Signature: _____ Date: _____

***This section only needs to be completed if you are participating in an exam or specialty clinic listed below.**

AGE: Instructors taking a Level 1 Certification Clinic must be at least 16 years of age. Instructors taking a Level 2 or 3 Certification Examination must be at least 18 years of age.

EXPERIENCE: Instructors applying for the Alpine, Snowboard or Adaptive Level 1 Certification Clinic or Level 2 Certification Examination must have their snow sports school director verify that they meet the requirements shown in the recommendation below.

PREREQUISITES: Alpine Level 2 and 3 written exams must be taken and passed prior to registering for the on-hill exam.

ALPINE, SNOWBOARD, AND ADAPTIVE LEVEL 1 AND 2 EXAM RECOMMENDATIONS:

I verify that (please print) _____ has met the exam requirements shown below and has my recommendation to take the following PSIA-C Examination.

Circle one: Alpine Snowboard Adaptive

Note: For Adaptive Level 1, candidates must have one year's worth of experience teaching adaptive skiing and have attended a PSIA-C Adaptive Workshop Clinic. For Adaptive Level 2, candidates should be Level 1 certified for at least one year and have taken either an Adaptive Workshop Clinic and/or Alpine Level 2 Preparatory clinic.

Exam Requirements: **Level 1 Requirement:** 10 or more hours of ski instructor training or teaching experience.

Level 2 Teaching Requirement: Alpine: 60 hours Snowboard: 25 hours

Level 3 Requirement: Authorization from Snowsport School Director attached to this application on Snowsport School letterhead with director's signature, signifying the candidates teaching hours.

Exam Recommendations: Completion of the Alpine Portfolio.

Snow Sports School _____ S.S.D. Name (please print) _____

Snow Sports School Address _____

Date _____ Director's Signature _____

NORDIC EXAM RECOMMENDATIONS:

The instructor named below has my recommendation to take the following PSIA-C Nordic Certification Examination: *(Circle one)*

Level 1 Certification Clinic

Level 2 Exam

Level 3 Exam

Instructor taking exam (please print) _____

Recommending PSIA-C member (please print) _____

Recommending Member's PSIA-C Division #: _____ Address _____

Date _____ Recommending Member's Signature _____

NOTE: For candidates for the Level 1 Certification/Clinic recommending member must be Certified Level 2 or 3. For the Level 2 or 3 Certification Examinations recommending member must be Certified Level 3.

SNOW SPORTS SCHOOL DIRECTORS SEMINAR, ED STAFF DEVELOPMENT GROUP AND TRAINERS DEVELOPMENT PROGRAM

I recommend the person named on the front of this form to participate in: *(Circle one)*

Snow Sports School Directors Seminar

Ed Staff Development Group

Trainers Development Program

Snow Sports School _____ S.S.D. Name (please print) _____

Snow Sports School Address _____

Date _____ Director's Signature _____

This application with the correct fees and exam recommendation must be postmarked by the application deadline listed in the Education Events Schedule. Late applications may be admitted to clinics based on space available or at the Event Coordinator's discretion.