

Spray Masters Annual Dues

	Dues
Returning Skier	\$150
First Year Skier	\$100
Non-Skiing Member (Any skier 15 years old and under must have at least 1 parent be a paid non-skiing member)	\$50
Family Plan (up to 6 people)	\$550

If you cannot afford our dues but would still like to join us, please contact us and we will work out a plan. We want everyone to be able to join us!

Dues can be obtained through fundraisers or from your own pocket.

USA Water Ski and Wake Sports Membership must be paid and proof of membership must be provided before the first time we get on the water in May/June.

<https://www.usawaterski.org/membership>

Spray Masters Dues must be paid in full by June 15th. Checks can be made out to Spray Masters Water Ski Team.

For anyone wishing to join us for one practice to try us out, you must register ahead of time here:

<https://ems.usawaterski.org/spray-masters-water-ski-team---practice-exhibition-2024>

For your dues you get access to:

- 2+ hours of practice time in the water 2x every week for an average of 14 weeks every summer:
 - o Approximately 56 total hours of water time
- Equipment including skis, ropes, life jackets, helmets, costumes, boats, and the gas to run those boats
- Knowledgeable and USA Water Ski & Wake Sports certified drivers
- Knowledgeable instructors to help you learn
- Access to the lake where we ski

In return for the water time and instruction you receive, we have the follow expectations:

- Members will respect the equipment we use and the area where we ski
- Members will help set up equipment before practice and put equipment away after practice
- Parents/Guardians with children under 16 will remain on site during practice/team activities
- Members will help with other activities outside of regular practice nights. Here are some examples of those activities and the approximate time when they occur:
 - o Install docks: 2nd week of May (may be on a weekend or weeknight)
 - o Spring site/shed cleanup & maintenance: 2nd or 3rd week of May (may be on a weekend or weeknight)
 - o Install jump: 1st or 2nd week of June usually on a practice night
 - o Equipment maintenance including dock repair, boat repair, trailer repair, ski refinishing, etc. (as needed)
 - o Costume shed cleaning (as needed)
 - o Remove jump: 1st or 2nd week of September usually on a weeknight
 - o Remove docks: 1st or 2nd week of September (can be on a weekend or weeknight)
 - o Fall site/shed cleanup: 2nd or 3rd week of September usually on a weekend

Spray Masters Water Ski Team Membership Application

Must be filled out by first year members

Individual or Head of Household Information

Name: _____ D.O.B.: _____ Gender: _____
Address: _____ City: _____ ZIP Code: _____
Phone: _____ Email: _____
USA Water Ski #: _____ Member Classification: _____ Declared Sports Division: NSS
Doctor Name: _____ Phone #: _____
Health Insurance Co.: _____ Insurance Policy/Certificate #: _____
Doctor Information/Special Medical Notes: _____

Spouse and Family Members Information

Spouse: _____ D.O.B.: _____ Gender: _____
Phone: _____ Email: _____
USA Water Ski #: _____ Membership Classification: _____
Health Insurance Co.: _____ Insurance Policy/Certificate #: _____
Doctor Information/Special Medical Notes: _____

Dependent #1: _____ D.O.B.: _____ Gender: _____
Phone: _____ Email: _____
USA Water Ski #: _____ Membership Classification: _____
Health Insurance Co.: _____ Insurance Policy/Certificate #: _____
Doctor Information/Special Medical Notes: _____

Dependent #2: _____ D.O.B.: _____ Gender: _____
Phone: _____ Email: _____
USA Water Ski #: _____ Membership Classification: _____
Health Insurance Co.: _____ Insurance Policy/Certificate #: _____
Doctor Information/Special Medical Notes: _____

Dependent #3: _____ D.O.B.: _____ Gender: _____
Phone: _____ Email: _____
USA Water Ski #: _____ Membership Classification: _____
Health Insurance Co.: _____ Insurance Policy/Certificate #: _____
Doctor Information/Special Medical Notes: _____

Dependent #4: _____ D.O.B.: _____ Gender: _____
Phone: _____ Email: _____
USA Water Ski #: _____ Membership Classification: _____
Health Insurance Co.: _____ Insurance Policy/Certificate #: _____
Doctor Information/Special Medical Notes: _____

Emergency Contact Information

Name: _____ Phone: _____ Email: _____

Please attach copies of the following items: USA Water Ski Membership Cards and Health Insurance Cards

Limited Power of Attorney

I hereby appoint the **Spray Masters Water Ski Team** board member who is in charge of the activity that I or one of my family members are involved in, to have permission to administer or seek whatever medical treatment is necessary for an injury that occurs at said activity.

Initial: _____

Substance Abuse Policy

Team members will not be allowed to use, or be under the influence of any alcohol, or any un-prescribed drugs at any **Spray Masters Water Ski Team** function/event. The board of directors will determine group activities and the allowance of alcohol, prior to the activity/event and in accordance with Local, State, and Federal Laws. Any questions regarding what constitutes a group activity must be addressed prior to event.

Members will not furnish alcohol or dangerous or illegal drugs to anyone in accordance to State and Federal laws. Anyone violating Local, State, and/or Federal laws may be subject to disciplinary action of the board of directors.

Members who are minors, as defined by Michigan law, agree that they will not engage in the use of tobacco products in any form.

By signing below, each member agrees to adhere to this policy as a condition of membership in the **Spray Masters Water Ski Team**. Each member also agrees that any violation of this policy may result in disciplinary action by the board of directors.

Such discipline may include, but not be limited to, being sent home, being denied the right to ski, fines, assessments for the repair or replacement of any Team or other personal property, suspension, and/or expulsion from the team activity(s) and/or the team.

Initial: _____

Signature of Legal Adult: _____ Date: _____

Signature of Spouse (if applicable): _____ Date: _____

Signature of Parent or Guardian if participant is minor: _____

Date: _____

