



Primary Medical/Accident Insurance Form

U.S. Ski & Snowboard Members must have and maintain primary Medical/Accident insurance for duration of membership year. Failure to provide accurate information demonstrating the existence of such insurance coverage for Member will prevent processing of this application and cause termination of membership and suspension of all rights to participate in U.S. Ski & Snowboard activities. Primary means the plan is NOT written to apply excess of other applicable policies.

Accepted policies:

- Primary medical/health insurance that covers athletic injuries.
- Any government sponsored health plan including Tricare, Medicare, Medicaid
- Catastrophic health plan which is a primary health insurance policy that covers athletic injuries

Policies not accepted:

- Any policy that is not considered "primary"
- Worker's Compensation
- Excess accident medical policies

First Name: _____ Last Name: _____

Date of Birth: _____

Primary Medical Insurance Company: _____

Policy/Subscriber or Contract #: _____

Insurance Phone # (not required): _____

Please return the following forms to USSA Member Services via email membership@ussa.org , fax 435-647-2052, or mail. If faxing, please call or email to confirm receipt.

- Primary Medical/Accident Insurance Form
- Concussion Policy
- Safe Sport Policy
- U.S. Ski & Snowboard Assumption of Risk and Release of Liability Waiver

Your U.S. Ski & Snowboard membership will be activated upon receipt of the completed documents.

If you have any questions or concerns, please feel free to reach out to us.

Thank you!
Warm regards,

U.S. Ski & Snowboard Member Services
U.S. Ski & Snowboard
1 Victory Lane/Box 100
Park City, UT 84060
Phone: 435-647-2666
Email: membership@ussa.org

