



Western Chapter ISA Tree Climbing Championship Competitor Registration Form

June 5-7, 2020 – U.C. Davis - Putah Creek Riparian Reserve, Davis, California

(Please Print Clearly)

Competitor Name: _____

Employer: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

1. Are you a member of WESTERN CHAPTER ISA? Yes No Do you currently hold an ISA credential? Yes No

2. Have you competed at the WESTERN CHAPTER ISA event before? Yes No
• If yes, how many times have you competed? _____

3. All participants will receive an event shirt. Please provide your shirt size:

S M L XL 2XL

4. Emergency Contact: Please provide an emergency contact name and phone number for WESTERN CHAPTER ISA staff to use in an emergency situation. WESTERN CHAPTER ISA staff may provide your emergency contact name and phone number to emergency personnel in the event of a medical emergency.

Emergency Contact Name: _____ Emergency Contact Phone #: _____

5. Dietary Considerations: WESTERN CHAPTER ISA may provide dietary considerations to staff, event volunteers, and contracted individuals for catering menu consideration. Please select from the following dietary considerations:

NONE Vegetarian Vegan Gluten Free Dairy/Casein-Free
 Food Allergy/Intolerance Other

6. If you selected "Food Allergy/Intolerance" or "Other", please list: _____

PUBLICITY CONSENT:

I authorize WESTERN CHAPTER ISA, event volunteers, and other WESTERN CHAPTER ISA contracted individual's permission to take photographs or video of me that may be used and published in either print or electronic media. I understand that WESTERN CHAPTER ISA posts photography notices stating other individuals so not have permissions to use photos or video in any manner without consent of the WESTERN CHAPTER ISA or the individual photographed.

Agree Disagree

I authorize WESTERN CHAPTER ISA to provide event photos that may include my image to commercial entities, such as event sponsor, for use in promoting their participation and support of the event. Any other commercial use of the photos must have written consent of WESTERN CHAPTER ISA and the individual photographed.

Agree Disagree

I authorize that with or without said photographs, WESTERN CHAPTER ISA may publish my name for any lawful purposes such as publicity materials, media releases, social media, and advertising.

Agree Disagree

INSURANCE AND RELEASE INFORMATION:

Please read and sign the attached insurance information form and participant release.

ENTRY / PAYMENT INFORMATION:

MEN'S COMPETITION **WOMEN'S COMPETITION** **OLD TIMER'S COMPETITION**
(45 YEARS OR OLDER)

Entry Fee (includes entry fee, refreshments and competitor shirt):

\$125.00 Men's/Women's

\$70 Old Timer's

Make checks payable to WCISA, or you may charge to VISA, Master Card or American Express

Card Number: _____ Exp. Date: _____ CVC: _____

Signature (if charging): _____

Detailed information and TCC Rules will be included with your confirmation.

Complete and return to Western Chapter ISA, 31910 Country Club Dr., Porterville, CA 93257

(559) 784-8733- Phone (559) 784-8711 - Fax

Sorry – No refunds or substitutions allowed!
