



2013-2014 ADVENTURE CLUB REGISTRATION FORM

**Return by Oct. 23th, 2013 to participate in
Dryland program & Dec 1st for On Snow**

The sooner the better helps with organization!

Open to Middle thru High School Age Athletes

. PLEASE PRINT ALL INFORMATION

NAME OF CHILD: _____

Gender (circle): Male Female AGE: _____

GRADE: _____ School _____

Years Participated in Bay Nordic Youth? _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S
NAME(S): _____

PHONE NUMBER: _____

EMERGENCY NUMBER: _____

E-Mail: _____

PARENTS VOLUNTEER PROGRAM (Please Check):

_____ Adventure Leader: (Design fun fall outings (anything goes) and winter ski outings. Direct organization of group at beginning and communicate to assistants.)

_____ Assistant Leader (Communicate with the head leader and help where needed.)

_____ Day Trip Helper: (Join the day trip outings and assist lead leaders. Encourage kids.)

_____ Floater: (Help out where needed! Ski with kids, bring back to groups, sweep, & help with equipment, etc...)

<u>SKILLS ASSESSMENT</u>	
Is the athlete new to skiing?	
How many years of skiing (1-2, 3-4, 5+)?	
Self-assessed age-appropriate skill level (beginner, basic skills, advanced)	

EQUIPMENT

Equipment rental priority will be given to members as they register. If we are unable to fit the proper size with equipment available, fees will be returned.

Shoe Size _____ youth - women – men (circle)

Height (inches) _____

Weight (lbs) _____

FEE SCHEDULE		
	\$75	Membership Fee.
	\$105 (\$75 + \$30) refundable deposit	CLASSIC ski package.
	Optional Donation	We are a 501(c)3 tax-exempt organization under Federal tax code.
	Total Enclosed	

Fees include: "Bay Area Youth Nordic Ski Club" Hat.

- Checks payable to: "Bay Nordic Ski Club"
- Send to: Bay Nordic c/o Noel Versch
- 6387 Aspen Drive, Sobieski, WI 54171
- Any questions?? E-mail baynordicski@gmail.com

*Additional Fees may apply for day trips, camps, & outings.

AMATEUR ATHLETIC – WAIVER AND RELEASE OF LIABILITY

Parent/Guardian Signature Required

In consideration of being allowed to participate in any way in an athletics/sports program, and related events and activities:

1. I agree that prior to such participation, I will, or, if I am the parent or guardian of a minor participant will instruct such participant that he or she should, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or a supervisor of such condition(s) and refuse participation.
2. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social and economic losses which might result not only from my own actions, inactions or negligence but the actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death.
4. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue the sponsoring organization, it's affiliated clubs, their respective administrators, officers, directors, agents and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to a "releases", property, caused or alleged to be caused in whole or in part by the negligence of any releases or otherwise in connection with association of participation in and/or arising out of my travel to, participation in and returning from participation in the event.
5. In the event that I sustain injury or illness while participation, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. I HAVE READ THIS RELEASE AND WILL COMPLY WITH ITS PROVISIONS. FOR ATHLETES OF MINORITY AGE.

This is to certify that, as a parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the terms and conditions identified above.

PARENT/GUARDIAN SIGNATURE _____

DATE SIGNED _____