

2013-2014 YOUTH REGISTRATION FORM

Return by December 1st, 2013

The sooner the better helps with organization!

Open to youth ages 3 to 12.
PLEASE PRINT ALL INFORMATION

NAME OF CHILD: _____

Gender (circle): Male Female AGE: _____

***Children 4 and under must be accompanied by parent while skiing**

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):

_____ General Assistance (Cookies, Hot Chocolate, Check In/Out, Warming Hut, etc...)

_____ Floater: (Help out where needed. Pick up slower kids, bring back to groups, warm hands, help put on equipment, etc....)

_____ Assistant Coaching (Curriculum Provided, Help head coaches with keeping groups organized, etc...)

_____ Head Coaching (Lead Groups. Curriculum assistance provided.)

SKILLS ASSESSMENT. Please help us with beginning the kids in the appropriate groups.	
Is your child new to skiing?	
How many years of skiing (1-2, 3-4, 5+)?	
Self-assessed age-appropriate skill level (beginner, basic skills, advanced)	
SKATE GROUP. Must be 9+ years old and an advanced skier.	

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		
	\$35	Membership Fee.
	\$90(\$60 + \$30 refundable deposit)	CLASSIC ski package.
	\$90(\$60 + \$30 refundable deposit)	SKATE 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" and patch for all members.

- 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 bynordicski@gmail.com

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 _____