



JUNIOR TEAM

2016-2017 REGISTRATION FORM

Return by **NOVEMBER 4, 2016**

The sooner the better helps with organization!

Open to MS/HS age youths.

PLEASE PRINT ALL INFORMATION

STUDENT NAME: _____

Gender (circle): M F AGE: _____ Date of Birth: _____

GRADE: _____ SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STUDENT CELL #: _____ TEXT?: YES NO

STUDENT EMAIL: _____

PARENT/GUARDIAN NAME(S): _____

HOME PHONE: _____

MOM/GUARDIAN CELL#: _____ TEXT?: YES NO

DAD/GUARDIAN CELL #: _____ TEXT?: YES NO

PARENT EMAIL: _____

PARENT EMAIL: _____

Did student participate in Bay Nordic Youth Program?

Yes No If yes, how many years? _____

PARENT HELP NEEDED (Please Check):

_____ Race Wax Tech

_____ Team Dinner Coordinator at Races & Camps

_____ Uniform Distribution, Collection & Recording

<u>SKILLS ASSESSMENT</u>	
Is the athlete new to skiing or racing?	
How many years of skiing (1-2, 3-4, 5+)?	
Team Goals? <ul style="list-style-type: none"> • Sport - Fitness/Prep (beginning race) • Comp - Competition (State-level racing/Youth Cup) • JNQ (pursue national qualifying races) 	

EQUIPMENT *athletes must supply ski boots**
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.

Height (inches) _____

Weight (lbs) _____

<u>FEE SCHEDULE</u>		
	\$225 (MS) OR \$250 (HS)	Middle School (includes two sets of skis: classic & skate) OR High School (includes two sets of classic & skate)
	\$60 refundable deposit	CLASSIC & SKATE ski package.
	Optional Donation	We are a 501(c)3 tax-exempt organization under Federal tax code.
	Total Enclosed	

Students will receive a Bay Nordic Logo Buff with their paid registration.

Checks payable to **"Bay Nordic Ski Club"**

Mail to: Bay Nordic Registration
 C/O Sara Beno-Chambers
 1422 Bingham Dr.
 De Pere, WI 54115

Please e-mail any questions to:
baynordicjrteam@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:

- 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.
- 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.
- I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death.
- 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.
- 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 _____

This waiver will remain in effect for one year from date signed, unless, revoked by signee prior to that date.