



**JUNIOR TEAM**

**2017-2018 REGISTRATION FORM**

Return by **NOVEMBER 4, 2017**

**The sooner the better. It 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: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT CELL #: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOM/GUARDIAN CELL#: \_\_\_\_\_

DAD/GUARDIAN CELL #: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

Did student participate in Bay Nordic Youth Program?

Yes No If yes, how many years? \_\_\_\_\_

**PARENT HELP NEEDED (Please Check):**

\_\_\_\_\_ Help with Race Wax

\_\_\_\_\_ Team Dinner Coordination

\_\_\_\_\_ Uniform Distribution, Collection & Recording

<b>SKILLS ASSESSMENT</b>	
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"> <li>• Fitness/Prep (beginning race)</li> <li>• Race (State-level racing)</li> <li>• CXC (pursue national qualifying races)</li> </ul>	

**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.**

Height (inches) \_\_\_\_\_

Weight (lbs) \_\_\_\_\_

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

Students will receive a Bay Nordic Logo shirt with registration. Please indicate size (Adult sizing)

XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

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:  
[baynordicrteam@gmail.com](mailto:baynordicrteam@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 found by each of the terms and conditions identified above.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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