

2019-2020 Skier Development Program Registration Form

Last name	First name	Age 4/5	Age 5-8	Age- 12+ <small>(experienced)</small>	Birthdate (d/m/y)	Age
1		\$45	\$60	\$75		
2		\$45	\$60	\$75		
3		\$45	\$60	\$75		
4		\$45	\$60	\$75		

All participants must also purchase a club membership (\$20 child or \$160 family)

Total Payable:	Cash Cheque	Online	Paid	Not Paid

Years skiing and/or program level: Child 1 _____ Child 2 _____ Child 3 _____ Child 4 _____

Parent name(s): _____

Email address: _____

Mailing address: _____

Phone number: _____ Cell phone number: _____

Parent interested in coaching: Yes No Maybe

- 4 & 5 yr olds: \$45.00 (11 lessons = \$4.09/lesson)
- 6-14 yr olds: \$60.00 (11 lessons = \$5.45/lesson)
- 12+ experienced skiers: \$75.00 (14 lessons = \$4.29/lesson)

Make cheques payable to: **Castlegar Nordic Ski Club – Skier Development Program,**

Registration, Liability and Emergency consent forms may be delivered to **Mallard Sports in Castlegar,** or mailed to Box 3213, Castlegar, B.C., V1N 3H5.

For additional program information please contact: Nicole Hergert (250) 608-3565 or castlegarskibunnies@gmail.com

Please ensure a Liability Waiver for each participant is complete.

Please complete the Emergency Consent Form for each family, ensure each child is listed.

LIABILITY WAIVER & PARTICIPANT FORM- 2019-2020

ATTENTION: This Liability Waiver & Participant Form *must* be completed by each minor (an individual who is under the age of majority in his/ her home province) and their parent or guardian who is participating in one or more of the activities and/or competitions encompassed in the named Event.

Name of Event: **Skier Development Program (Levelled Sunday classes, evening activities, camps, special events and all races activities attended by program participants)**

Event Date(s): **Every Saturday December 14, 2019 to Saturday March 7, 2020 plus any other races and/or activities attended during the 2019 - 2020 season**

IN CONSIDERATION OF the **Castlegar Nordic Ski Club** (hereinafter called the **Club**), Skier Development Program, accepting my entry for the above named activities and allowing my child's participation at the Event, I agree as follows:

ACKNOWLEDGMENTS (FOR ALL REGISTRANTS)

Risks and Dangers: I acknowledge that skiing and participating at the Event involves risks and dangers including, but not limited to: accidents that occur traveling to or from the Event; slips, trips, falls or collisions; encounters with other skiers, obstacles (man made or natural) or wildlife; steep and varied terrain, uneven snow conditions; falling snow or ice; adverse weather conditions, frostbite; hypothermia, exhaustion. I freely accept and fully assume all risks, dangers and hazards associated with my participation in the Event and the possibility of personal injury, death, property damage or loss resulting therefrom.

Health: I declare that my physical condition, to the best of my knowledge, is adequate to participate safely in the Event and that no physician or other medically qualified individual has advised me against participating in the Event. I further acknowledge and agree that it is my choice whether I will obtain a physical examination prior to participating in the Event, and I hereby acknowledge and agree to assume all risks associated with not obtaining such examination, or if I do obtain an examination and am instructed not to participate in the Event, I hereby assume all risks associated with my participation.

Follow Rules: I hereby agree to abide by the Rules and Regulations imposed by the **Club** in association with the Event, and to follow the instructions of the officials during the Event.

Cancellation or Rescheduling: I acknowledge that the **Club** may choose to cancel or reschedule the Event if travel or Event conditions are deemed unsafe (e.g., weather, road conditions, snow conditions, health advisory). I accept that the **Club** will not be liable for any costs I may bear as a result of such cancellation or rescheduling, except as provided for in the Event information package.

Image Use: I authorize and consent to the publication in any format or media by the **Club** of any materials containing my name, likeness or image in association with my participation in the Event, and I release to the **Club** and all persons acting under authority from the **Club**, from any claims I might have due to the initial or subsequent publication of such material.

As the participant in the Event, I have read and understand the above Acknowledgments and accept the terms and conditions of participation and confirm that all information is true and accurate.

Minor Participant

Name: _____

As the parent or guardian of a minor participant at the Event, I have read and understand the above Acknowledgements and accept the terms and conditions of participation on behalf of the minor and confirm all information is true and accurate.

Minor's Parent or Guardian Signature

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Castlegar Nordic Ski Club – Skier Development Program

Emergency Consent Form 2019-2020

I/We hereby authorize Castlegar Nordic Ski Club personnel to give consent for any emergency medical treatment that may be required when I/we cannot be contacted during Castlegar Nordic Ski Club activities. Consent expires one year from date of signature below

	1 st child	2 nd child	3 rd child
Name			
Care Card Number			
Date of Birth (d/m/y)			
Chronic Illnesses			
Allergies			
Current Medications			
Tetanus shot less than 10 years ago? Y/N			
Other			

Parent's Name(s)

Home Address of Parent/Guardian

Telephone of Parent/Guardian

Cell

Physician's name

Telephone

Other Emergency Contact Name

Landline

Cell

Parent/Guardian Signature

Date

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may become unnecessarily delayed. To protect your child, leave a completed emergency consent form with your coach or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital/clinic so that medical treatment may be rendered.