



Spokane Nordic's 2016 summer dryland training will focus on general strength, agility and roller skiing.

Activity will vary per week so even if only one day it will not be the same workout every week. Any of the workouts are adaptable to age and experience appropriate sessions.

For those older racers it will dovetail into their individual programs. For skiers new to the program it will provide information and technique to increase their fitness and help prepare them for the demands of a skiing regimen come race season.

Activities will include;

- Hiking
- Ski walking
- Stair running
- Track running
- Hill running
- Team games (Ultimate Frisbee or soccer)
- Circuits
- Agility and coordination - both on and off roller skis,
- Roller skiing- skate, classic and double pole.

Other goals of the Spokane Nordic Summer Dryland Training are team support and camaraderie for everyone involved.





## 2016 Dryland Training Registration

June 15-Sept 1

Athlete's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender M / F Phone: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_

Medication/Allergies: \_\_\_\_\_

School & Grade (fall 2016): \_\_\_\_\_

Circle One Option:

Option A) **12 Sessions** or approx. once a week; either weekday or weekends \$140.00

Option B) **24 Sessions** or approx. 2 sessions per week; mix weekends & week days \$300.00

Option C) **36 Sessions** or approx. 3 sessions per week; all practices \$425.00

Parent/Guardian 1: \_\_\_\_\_

Phone (Home) (Cell) (Work) : \_\_\_\_\_

Mailing/Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Phone (Home) (Cell) (Work) : \_\_\_\_\_

Mailing/Email: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Dryland training does not include summer camps.



**Spokane Nordic Ski Association  
Waiver of Liability and Assumption of Risk Agreement "Agreement"**

In consideration of being permitted to participate in any way in the Spokane Nordic Ski Association activities of the above-named Nordic ski club and team, I represent that I do:

1. **I acknowledge**, agree, and represent **I fully understand** the nature of Nordic skiing and Nordic skiing training and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. **I fully understand** that (a) **such activity involves risks** and dangers of serious bodily injury b) these risks and dangers may be caused by my own actions or inactions, or the actions or inactions of others participating in the Activity, and/or the condition of which the activity takes place and/or the condition of the Nordic ski equipment or other equipment I may use/rent/borrow for participating in any such Activity.
3. **I hereby agree** to release, discharge and covenant not to sue Spokane Nordic Ski Association, its respective administrators, directors, agents, officers, members, volunteers, and employees, any sponsors, advertisers, and if applicable, owners and lessors of premises of property on which the activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise.

**I fully accept and assume** all such risks and all responsibility for losses, costs, damages I incur as a result of my participation in the Activity. My signature signifies that I fully understand and agree to be bound by this Release and Waiver Agreement for myself and for my underage child (if applicable) and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Participant Name \_\_\_\_\_ Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Required if participant under age 18

**MEDICAL RELEASE & INFORMATION**

I, the parent/guardian, give the directors and coaches of the Spokane Nordic Ski Association permission to obtain medical aid for (participant) \_\_\_\_\_ in case of injury. I understand that every effort will be made to contact me in case of injury/ if medical attention becomes necessary.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Existing Medical Problems \_\_\_\_\_

Present Medications Allergies \_\_\_\_\_

Insurance: Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_



# 2016 SNSA Ski Teams Summer Dryland Application for Scholarship

The SNSA Board is now accepting applications for financial need based scholarships.

**Deadline:** Completed Applications to be submitted by June 15, 2016

**Submit to:** With Team Sign-up Form or to SNSA Scholarship Committee,  
PO Box 501, Spokane, WA 99210

**Required** - Copy of parent and/or student tax return

**Attachments:** - Letter of recommendation from a coach or teacher

**Please Type or print clearly in dark ink. Attach additional sheets if necessary.**

I am applying for \$\_\_\_\_\_ for the following team fees and/or event(s)

\_\_\_\_\_

## Student Information:

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Parent(s) Information:

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Students AGI \_\_\_\_\_ (if applicable)

Parents AGI \_\_\_\_\_ Number of dependents \_\_\_\_\_



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Describe your major race results or skiing accomplishments from the most recent ski season:

Explain why you wish to be part of the team/attend this event and your need for money:

Explain what portion of the team fees/events you can contribute and how you expect to earn it:

I understand that the Spokane Nordic Ski Association (SNSA) scholarship fund is awarded on a financial need basis and is awarded at the discretion of the scholarship committee of the SNSA Board of Directors. If the request is for an event that I do not qualify, the money returns to the scholarship fund.

I certify that all the information I have provided in this application is true.

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Applicant's Signature

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Date

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Parent(s) Signature

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Date