

Spokane Nordic Ski Association - Racing Team Sign-up Form

Instructions:

1. Join / renew your family's Spokane Nordic membership at spokanenordic.org/ski_teams
2. Complete this form, one per child registering for Transition or Racing Team
3. Complete Financial Aid Application if applicable.
4. Skier and parent sign and date the liability and medical information and release form.
5. Mail all forms and payment to Spokane Nordic, PO Box 501, Spokane, WA 99210.

Full Name (competitor) _____ Email _____
 Birth Date _____ Male/Female _____ Phone _____ Age Class _____
 Address City State Zip _____
 Existing Medical Problems _____
 Present Medications Allergies _____
 School & Grade: _____

Age Class at 12/31/2016

JO - U20	98	J3 - U14	03-04	U8	09-10
J1 - U18	99-00	J4 - U12	05-06		
J2 - U16	01-02	J5 - U10	07-08		

Age based on December 31. There is no minimum age in the Junior 2 class for competition.

Racing Team - Three to 4 days coaching, wax support, race coaching (U-District training, races & travel expenses extra) best for U20, U18, U16, U14	Amount Paid \$1,000	_____
Transition Team - Includes one to two days coaching, wax support (racing & travel expenses extra) best for U12, 10, 8	\$450	_____
Less Amount Applied for in Financial Aid	(_____)	_____
Total Payment Enclosed	\$	_____

Parent/Guardian 1 _____
 Phone (Home) (Work) (Cell) _____
 Mailing/Email Addresses if other _____

Parent/Guardian 2 _____
 Phone (Home) (Work) (Cell) _____
 Mailing/Email Addresses if other _____

Skiing Goals for the Year:

Team Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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 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 Ski Racing 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: _____