

# Registration Form 2012

**Chet Hope Nordic Ski League** (a Glacier Nordic Club Program)

Return forms to: Box 403 Whitefish, MT 59937 or the Glacier Nordic Shop

No later than 1/4/2012.

Skier's Name (print).....	Age	Grade	Years of experience	Ability See below
1.				
2.				
3.				
4.				

**Ability Description:**

- **1st time** - Has never skied before or very little experience.
- **Beginner** - Is beginning to get around on flats, needs to learn to go up and down hills. Also, kids who have never cross country skied, but have some downhill skills/experience.
- **Intermediate** - Has a season of experience or more, competent on skis traveling on the flats and up and down small hills.
- **Adventurer**- Accomplished skier. Ready to learn to apply both freestyle (skating), and classic techniques to all terrain and conditions and improve endurance to explore places never been before.

**Payment:**

- \$40/child for Glacier Nordic members
- \$45/child for Non-members
- Glacier Nordic Membership \$45/individual \$90/family (see information letter to learn more)

Total: \_\_\_\_\_ cash \$ \_\_\_\_\_ check \$ (to: Glacier Nordic)

**PLEASE PRINT:**

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

MAILING ADDRESS: \_\_\_\_\_ city: \_\_\_\_\_ zip: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please read and sign medical treatment consent and risk release and waiver of liability on the back. Signature required in two places.**

League use only: r\_\_\_\_ s\_\_\_\_

**Thank you**

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

I hereby give my consent for all medical care prescribed by a duly licensed doctor of medicine for (name/s of child/children) \_\_\_\_\_ as conditions are necessary to preserve the life, limb, or well-being of my dependent.

Doctor to notify in case of emergency: \_\_\_\_\_ office Ph. # \_\_\_\_\_

Food Allergies \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY**

I, THE UNDERSIGNED, UNDERSTAND, AGREE, AND ACKNOWLEDGE that the Glacier Nordic Club and Glacier Nordic Ski Team are recreational and/or competitive ski programs in which my participation or that of my child or children is voluntary.

I UNDERSTAND AND AGREE that Nordic skiing is an action sport carrying risks of personal injury and property damage and, the possibility of severe personal injury or even death.

I UNDERSTAND AND AGREE that coaches (paid or volunteer) officials and other volunteers associated with the Glacier Nordic Ski Club and its programs are not guarantors of my safety nor of the safety of my child or children nor do they warrant my safety or that of my child or children.

Being fully aware of and agreeing to and understand the risks, condition, and hazards of the proposed activity being undertaken by my child or children or me, I DO HEREBY on behalf of myself and /or my minor child ASSUME THE RISK of personal injury, property damage, and the possibility of severe personal injury or even death AND DO HEREBY WAIVE, RELEASE, and agree to indemnify all medical cost that may be incurred by me or my minor child, AND DISCHARGE Glacier Nordic Club, its officers, directors, employees, agents, and volunteers, including any ski area or facility at which such claim for damages might arise including officers, directors, employees, agents, and volunteers of such ski area or facility from any and all claims for damages for which I or my child or children may have or which may hereafter accrue to me or my child or children as a result of participation.

I UNDERSTAND AND AGREE that I have been advised by the reading of this document that I should have in effect valid and sufficient medical and accident insurance. I understand that such insurance is my sole responsibility and release all persons and entities identified above from providing this coverage for me or my child or children.

THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY shall be binding upon the heirs, personal representatives, and assigns of my child or children and me.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)