



GNST USE
Date pd. _____
Amount _____
Ck No. _____

# Ski Team Programs Registration Form 2011-2012

SKIER NAME: \_\_\_\_\_ BIRTHDATE: \_\_/\_\_/\_\_\_\_\_

M or F (circle) PARENTS NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

SKIER CELL: \_\_\_\_\_ SKIER EMAIL: \_\_\_\_\_

Cross Country Experience: (circle) Not Much Some Lots Die Hard

Other Ski Experience: \_\_\_\_\_

**PROGRAM SELECTION**

<b>Junior Jets:</b>	ages 7 - 11	Tues & Thurs, Jan & Feb	\$135	_____
<b>Prep Team:</b>	ages 11 - 13	Tues & Thurs, Sun mid Dec- mid March	\$300	_____
<b>Teen Skate</b>	ages 13-18	Wednesday, Jan & Feb	\$135	_____
<b>Rec Team</b>	ages 14 -18	Tues & Thurs, Nov - mid March	\$300	_____
<b>Prep or Rec</b>	ages 13 -18	Additional Day Wed	\$50/ea	_____
<b>Comp Team</b>	ages 14 -18	6/days per week Nov - mid Mar	\$700	_____
<b>Stillwater Nordic Pass</b>	Required for Prep and Comp		\$25	_____
<b>Total</b>				_____

**COMP TEAM ONLY - INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Group # \_\_\_\_\_

Policy in name of: \_\_\_\_\_ Relationship \_\_\_\_\_

Return completed forms and check to: Box 403 Whitefish, MT 59937  
PLEASE COMPLETE SIGN MEDICAL AND WAIVER ON REVERSE

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

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

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

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**Signature of Parent/Guardian**

**Date**

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

I, THE UNDERSIGNED, on behalf of myself and my minor child, UNDERSTAND, AGREE, AND ACKNOWLEDGE, that the Glacier Nordic Ski Team and Glacier Nordic Club programs 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 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.

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**Signature of Parent/Guardian if participant is under 18**

**Date**

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**Signature of participant if 18 or older**

**Date**