

## Jackrabbit Ski Club Registration Form 2007-2008

Please Print Clearly

Name of Skier	Age (as of Jan 1, 2008)	D.O.B.	Health Card Number	Previous ski experience? Level of Jackrabbits attained

Does your child have any allergies? Details

---



---

Does your child have health concerns that we need to be aware of? Details

---



---

**This information must be completed in full for insurance purposes, Thank you.**

<b>Parent/Guardian Names:</b>	
<b>Mailing Address</b> (please include RR, Site #, Comp #, Box No. as required)	
City:	Help us save mailing costs. We will notify you of special events and send you copies of Mt. Evergreen Ski News via email if you provide us with your address: Email: _____
Postal Code:	
Phone Number:	

<b>\$75</b>	
<b>Family Rate: 3<sup>rd</sup> child and up \$50per child</b>	
<b>Payment Received: cheque no</b> _____	<b>or cash</b> _____
<b>Received by:</b> _____	<b>Date:</b> _____
KNTA DB <input type="checkbox"/>	CCSAM <input type="checkbox"/> Mt. Evergreen Fee <input type="checkbox"/>

**CLUB INDEMNITY AND RELEASE OF LIABILITY**

In consideration of Cross Country Canada, Lake Superior Ski Division and Kenora Nordic Trails Association and Mt. Evergreen Ski Club's acceptance of me as a member of the Association, and my being permitted to partake in the Association's events, activities and games, I hereby, for me, my heirs, executors and assigns, forever release, discharge and hold harmless Cross Country Canada, Lake Superior Ski Division, Cross Country Ski Association of Manitoba, Kenora Nordic Trails Association and Mt. Evergreen Ski Club, its Directors, Officers, employees, representatives or agents.

I have read this release and accept its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_