



# Glacier Nordic Ski Team Registration Form 2017-2018

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

SKIERS NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_\_\_

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

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

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

Classic Ski Experience: (circle) None Some Lots Die Hard

Skate Ski Experience: (circle) None Some Lots Die Hard

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

All skiers need classic and skate gear (including two different sets of skis and poles). Gear rental is available for the season at a cost of \$75 rental for a complete set, or \$50 rental for classic or skate gear. (If using some of your gear and some of ours please plan for compatibility – most of our gear is NNN). **Rental fees will be paid when you pick up gear – days and times TBA.**

Yes, my child needs gear as follows:

Boots \_\_\_ Classic skis \_\_\_ Skate Skis \_\_\_ Poles \_\_\_ Shoe size \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### PROGRAM SELECTION

|   |                            |   |   |       |
|---|----------------------------|---|---|-------|
| <b>Junior Jets:</b>                                   | ages 8 - 11                | Tues & Thurs, Dec 5 - Mar 1   | \$175                                     | _____ |
| <b>Prep Team:</b>                                     | ages 11 - 14               | Tues, Wed, Thurs, Nov 7 - Mar 6   | \$325                                     | _____ |
| <b>Comp Team</b>                                      | 8 <sup>th</sup> Grade & Up | Tues, Wed, Thurs, Fri, Nov 7– Mar 8   | \$500                                     | _____ |
| <b>Rec Team</b>                                       | 8 <sup>th</sup> Grade & Up | Tues, Wed, Thurs, Nov 7– Mar 8  | \$325                                     | _____ |
|   |                            | Team van pick-up at Library<br>(Rec Team only, space and cost included for<br>Comp – limited space)   | \$80                                      | _____ |
| <b>2017-18<br/>GNC Early-<br/>Bird<br/>Membership</b> |                            | Family or individual membership to<br>ski on the golf course<br>(membership prices increase after Dec 3 to<br>\$130 per family and \$65 for individual) | Family<br>(\$110)<br>Individual<br>(\$55) | _____ |
| <b>Total</b>  |                            |   |   | _____ |

Please note that team van pick-up and rentals are limited and priority will be given in order of registration.

Return completed forms and check to: GNST PO Box 403, Whitefish, MT 59937

**PLEASE COMPLETE AND SIGN MEDICAL AND WAIVER ON REVERSE**

**GLACIER NORDIC CLUB, INC./GLACIER NORDIC SKI TEAM 2017/2018 SEASON**

Participant Name \_\_\_\_\_ Participant Birthdate \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

**Parent or Guardian signature is required for all athletes under 18 years old.**

**ACKNOWLEDGMENT OF INHERENT DANGERS AND RISKS OF SKIING AND RELEASE OF NEGLIGENT LIABILITY**

I acknowledge that skiing, which includes any activity that involves sliding or jumping on snow or ice, involves inherent dangers and risks that are part of the sport, including: freestyle terrain including but not limited to jumps, obstacle courses and any other constructed feature; paint ball biathlon courses; changing weather conditions; snow conditions as they exist or may change including ice, hard pack, powder, wind pack, crust, slush, cut up snow and dirty snow; collisions with natural surface or subsurface conditions such as bare spots, forest growth, rocks, stumps, streambeds, trees and other natural objects; snow falling from trees; collisions with signs, posts, fences, closures, cart paths, tee boxes or other artificial structures and their components; variations in steepness and terrain; trail grooming equipment, and snowmobiles, whether or not the equipment is moving; collisions with other skiers and/or their equipment; the failure of a skier to ski within that skier's ability; animals on the trail; skiing outside or off the designated trails and ski area boundary as shown on the ski area trail map.; and restricted visibility caused by snow, wind, fog, sun or darkness. I accept all legal responsibility for injury or damage of any kind to the extent that the injury or damage results from inherent dangers and risks of skiing. I agree that I have a duty to ski at all times in a manner that avoids injury to me and others and to be aware of the inherent dangers and risks of skiing. The skier shall: know the range of the skier's ability and safely ski within the limits of that ability and the skier's equipment so as to negotiate any section of terrain or ski slope and trail safely and without injury or damage; know that the skier's ability may vary because of ski slope and trail changes caused by weather, grooming changes, or skier use; maintain control of speed and course so as to prevent injury to the skier or others; abide by the requirements of the skier responsibility code that is published by the national ski areas association; obey all posted or other warnings and instructions of the ski area operator; read the ski area trail map and be aware of its contents.

I acknowledge that Nordic ski activities may include additional inherent dangers and risks that are part of the sport to include: weather conditions, winter travel, racing, obstacle courses, roller skiing, falls on pavement, icy roads, insect stings, biking on roadways and trails, trail conditions, and equipment failure.

**I further agree to waive and release any and all claims, actions or causes of action for damages or injuries resulting from Glacier Nordic Club Inc.'s ordinary negligence or for risks inherent in the sport or recreational opportunity. I understand that by signing this document I may be waiving my legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages I may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.**

Also, I hereby irrevocably consent to the use, by Glacier Nordic Club, Inc.'s advertisers, customers, successors and assigns, of my picture or likeness for advertising purposes or purposes of trade, and I waive the right to inspect or approve such completed portraits, pictures, or advertising matter used in connection therewith. I hereby waive any right that I may have to monetary compensation, royalties or other consideration and agree that no additional remuneration, financial or otherwise will be transacted.

If I am less than 18 years of age, my parents or legal guardian has read and agreed to the terms of this Agreement as indicated by their signatures below. The parent or legal representative signing below on behalf of a minor or incompetent person agrees and verifies that he/she has the legal authority to sign as the parent or legal representative of the minor or incompetent person. The parent or legal representative also agrees that (1) Glacier Nordic Club, Inc. or its representatives has permission and authority to treat and address medical conditions and emergencies as they deem appropriate; (2) the signing parent or legal guardian also agrees to pay any charges for such medical treatment and will indemnify Glacier Nordic Club, Inc., or its representative for the same. I have made no misrepresentations regarding my name or age.

\_\_\_\_\_  
**Signature of Parent/Guardian if participant is under 18** **Date**

\_\_\_\_\_  
**Signature of participant if 18 or older** **Date**

**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. Parent specifically indemnifies and holds harmless Glacier Nordic Ski Team and Glacier Nordic Club, coaches, volunteers, and chaperones from any and all costs arising out of such care, treatment, and/or procedures.

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

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

**MEDICAL INSURANCE COVERAGE** (mandatory for participation in GNST programs)

Company Name : \_\_\_\_\_ Group No #: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_