

Cariboo Ski Touring Club

MEMBERSHIP APPLICATION FORM 2009 -2010

Member Type	Surname	First Name	M/F	Birthdate dd/mm/yr	Membership Fee (See below)

Membership Fee: _____
Program Fee (from page 2): _____
Total Amount Owning: _____

Mailing Address: _____ City: _____

Postal Code: _____ Phone: _____ Email: _____ (required)

Membership Fees for 2009-10 Season

Member Type	Until Dec 1	After Dec 1	Member Type	Until Dec 1	After Dec 1
Adult	\$55.00	\$60.00	Full Time Student (with card)	\$35.00	\$40.00
Junior Members (5 to 19) <u>with</u> Adult Member	\$20.00	\$25.00	Junior Members (5 to 19) <u>without</u> Adult Member	\$35.00	\$40.00
Child under 5 years of age	\$0	\$0	Family Maximum Membership	\$160.00	\$180.00

Each member 19 years and older MUST sign the Waiver Form

A parent or guardian MUST sign on behalf of all minor members (as Adult #1)

I HEREBY AGREE to abide by the Rules and Regulations of Cross Country Canada (hereinafter called C.C.C.), Cross Country B.C. (hereinafter called C.C.B.C.) and to participate in the events, activities, and programs sanctioned by C.C.C. and C.C.B.C. in accordance with the Association's Rules, Regulations, and By-Laws.

IN CONSIDERATION OF C.C.C., C.C.B.C. and the Cariboo Ski Touring Club acceptance of me as a registered member of the Association and my being permitted to take part in the Association's events, activities and programs, I hereby for myself, my heirs, executors, administrators and assigns, forever release, discharge, hold harmless C.C.C. and C.C.B.C. and the Cariboo Ski Touring Club, its directors, officers, employees, representatives, or agents.

Date: _____

Signatures: _____

ALL ADULTS MUST SIGN

(Adult #1 and/or Parent/Guardian for members under 19 years)

(Adult #2)

Please make cheques payable to:

Cariboo Ski Touring Club
P.O. Box 4611, Quesnel, B.C. V2J 3J8
 www.caribooski.ca

Cariboo Ski Touring Club

SKILL DEVELOPMENT PROGRAM REGISTRATION

PROGRAM PARTICIPANTS MUST BE CLUB MEMBERS

Participant's Name	First & Last	#1	#2	#3	#4		
Personal Information							
BC Care Card Number							
Medical Conditions? (Challenge ski has Health form)							
Participated Last Year?							
Has taken lessons in the past?							
Elementary School attended?							
Program Information (Please check any boxes that apply, then total fees at the right)							
	Age	Fee	#1	#2	#3	#4	Fee
Bunnies	<5	\$30					
Jack Rabbit	5 – 12	\$30					
JACK RABBIT / BUNNIES REGISTRATION DEADLINE – DECEMBER 1							
Challenge – Racing	10 – 19	\$35					
Challenge – Biathlon	11+	\$35					

Program Fee: _____
(Add to Page 1)

Challenge Racing/Biathlon Waiver

WARNING: By signing this form, you give up your right to claim compensation for death, injury, or loss of property.

- (1) I am aware that nordic skiing / biathlon has inherent dangers and risks including but not limited to injury and death.
- (2) I consent to all risks of nordic skiing / biathlon skiing.
- (3) I hereby warrant that I am in good health, and know of no medical reason that precludes me from this event.
- (4) For permission to be in this "cross country skiing / biathlon", I for myself, my heirs, executors, administrators, and anyone else who may claim on behalf of myself, covenant not to sue, and covenant to waive, release, discharge and indemnify Cross Country Canada, Cross Country B.C., Biathlon Canada, Biathlon B.C., the Cariboo Ski Touring Club, its owners, employees, coaches, directors, officers, agents or anyone else involved with the above organizations from and against any and all claims or liability for personal injury, death, damage to property or loss of any kind whatsoever, nature or kind and howsoever caused, whether arising by reason of the negligence of C.C.C., C.C.B.C., Biathlon Canada, Biathlon B.C., the Cariboo Ski Touring Club or otherwise, and whether sustained by me or any third party in relation to my involvement in "cross country skiing" and/or "biathlon".

Signature: _____ Date: _____

Parent's or Guardian's signature if athlete is under the age of 19

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