

Gimli Cross Country Ski Club Registration Form

Name _____

DOB _____/_____/_____(D/M/Y)

Type of Membership

- Jackrabbit Program 6-16y (\$40) Equipment Rental Info – Please See Page 2
- *This is an instructional program tailored to children and youth and is separate to the family or single adult membership.*
 - *Children 7 years & younger require a Parent/Guardian to Attend/Participate with child.*
 - *Family membership is not required but encouraged with all Jackrabbit memberships.*
 - **Note: Please see Page 2 for Additional Information Required for all Jackrabbit participants.**
- Single Adult (\$30)
- Family (\$50)

Address _____

Phone H) _____ C) _____

Email _____@_____

Do You Wish to Volunteer for any of the Following?

- Social Functions
- Executive
- Off Season Trail Maintenance / Ski Trail Grooming
- Interest in Coaching Certification
- Assist in Jack Rabbits / Grey Hares Programming

Signature _____

Date _____

I have reviewed & signed the Cross Country Canada Informed Consent & Assumption of Risk Agreement. In doing so, I consent to be bound by this agreement, I wish to be registered as an insured member with the Cross Country Ski Association of Manitoba, & Cross Country Canada.

Initial _____

Please Mail this form along with your payment to:

Attn: Gimli Cross Country Ski Club
PO Box 7, Camp Morton, MB, R0C 0M0

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GCCSC Jackrabbit Specific Additional Information

Equipment Rental Cost \$40 / season

- Rental season expected duration – 6 weeks – Availability of equipment is not guaranteed – equipment will be rented on a first come first service basis.
- Damage deposit required \$100 rental
- Family guardians are encouraged to purchase ski equipment for participants
- Please contact a GCCSC Jackrabbits Coaching representative for any details regarding purchase or rental of equipment.

Allergies / Sensitivities _____
 NKA

Medical Conditions _____
 None

Medications _____
 N/A

 Primary Contact _____

Phone # H) _____ C) _____

Alternate Contact _____

Phone # H) _____ C) _____

 PHIN _____

MHSC _____

DOB _____ / _____ / _____ (D/M/Y)

 Please provide any other information which you feel the Cross Country Ski Coaches may require or benefit from while in the care of your child: _____

 I have reviewed the CROSS COUNTRY CANADA INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT & as the Parent / Guardian of the above named child / adolescent I have read and consent to be bound by this agreement.

Name _____ Date _____

Signature _____

Please Mail this form (Note: Pages 1 & 2 both for the Jackrabbit Program) along with your payment to:

Attn: Gimli Cross Country Ski Club
 PO Box 7, Camp Morton, MB, R0C 0M0