

Gimli Cross Country Ski Club Registration Form

Name _____

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

Type of Membership

Jackrabbit Program 6-16y (\$50) *Additional information required on Page 2*

- *This is an instructional program tailored to children and is separate to the family or single adult membership.*
- *Children 7 years & younger require a Parent/Guardian to participate with child*
- *Family membership is not required but encouraged with all Jackrabbit memberships.*

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 and provided Gimli Cross Country Ski Club with the Cross Country Canada Informed Consent & Assumption of Risk Agreement. I wish to be registered as an insured member with the Cross Country Ski Association of Manitoba and Cross Country Canada. If I do not provide the agreement and initial below, I am indicating that I do not want to be insured. All membership fees will remain with the Gimli Cross Country Ski Club.

Initial _____

Email completed form(s) and e-transfer payment to skigimli@gmail.com or mail along with your payment to Gimli Ski Club, Box 7, Camp Morton MB R0C 0M0

Gimli Cross Country Ski Club - Jackrabbitt Information Form

Equipment Rental Cost: \$100 / 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: \$200 per 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

I have signed this agreement and have provided it to the Gimli Cross Country Ski Club.

Name _____ Date _____

Signature _____

Email completed form(s) and e-transfer payment to skigimli@gmail.com or mail along with your payment to Gimli Ski Club, Box 7, Camp Morton MB R0C 0M0