

## Gimli Cross Country Ski Club Registration Form

Name \_\_\_\_\_

DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(D/M/Y)

Type of Membership

☐ 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

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](mailto: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

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Primary Contact \_\_\_\_\_

Phone #

H) \_\_\_\_\_ C) \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone #

H) \_\_\_\_\_ C) \_\_\_\_\_

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PHIN \_\_\_\_\_

MHSC \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (D/M/Y)

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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: \_\_\_\_\_

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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](mailto:skigimli@gmail.com) or mail along with your payment to Gimli Ski Club, Box 7, Camp Morton MB R0C 0M0