

Peak Nordic Kids

JOIN NOW:

- Print all pages of this form.
- Complete all pages - One full set for each child
- Bring All Completed Pages with Fee Monday Dec 12, 6:15 PM Evergreen Lapham
- Join CXC online: www.cxcskiing.org *See detailed instructions below.*
- Forward e-mail confirmation of CXC membership to: peaknordickids@gmail.com
- Peak Nordic Kids will be limited to 80 participants to ensure safety and quality.

All EVENTS are at:

Evergreen Shelter

Lapham Peak State Forest

W329 N846 Hwy C, Delafield, WI 53018

Lapham Peak is 3/4 mile south of I-94 on County Hwy C (Delafield exit)

ATHLETES: Fill out top portion Sign Up Form 2011-2012 K-6th Grade Peak Nordic Ski Club

Date filled out _____

Birth Date: _____
Mo / Day / Year

Age: _____

Return this form with checks & other forms listed below at the Mon Dec 12 - 6:15 PM sign up mtg at Evergreen shelter Lapham

Athlete: _____
First Name Last Name Gender: M F Current School Grade Circle one:
K 1 2 3 4 5 6

Home Address _____ City _____ State _____ Zip _____ # Past years in Peak Nordic _____

Home Phone _____ Cell Phone _____

Circle Style you plan: Classic or Skate
All must start program doing Classic Style
Talk to Coach Roy if considering Skate

Mom's Name: _____
First Name Last Name Cell Mom _____

Dad's Name: _____
First Name Last Name Cell Dad _____

Parent Primary e-mail address (legible) _____ Additional Parent e-mail address (legible) _____

Other Sports you participate in: _____

Your School Name: _____ K-6th Grade

- Peak Nordic Kids will be limited to 80 participants to ensure safety and quality.
 - Fee schedule is \$50 for the 1st, \$30 for the second and \$20 for all children after that in same family
- Peak Nordic Kids has a No Refund policy. Please check your schedule prior to signing up.

Below is for Managers Use only - initial each line only after the item is turned in:

_____ \$50 FEE PAID to Peak Nordic (Each kid needs his/her own form - \$50 for 1st in family, \$30 2nd, \$20 for 3+)

_____ Health Info / Emergency Consent is signed

_____ Have forwarded e-mail confirmation of CXC membership to: peaknordickids@gmail.com

_____ Hold-Harmless Form Signed

SignUpFormk-6 11-12.xls

2011-12-20 version

Health Information/Emergency Consent

Athlete Name: _____ Date of Birth: _____ Age _____
Month / Day / Year

Address: _____
Street City State Zip

Parents/Guardians: _____

Phone Numbers: _____
Home Athlete Cell

Mom Cell

Dad Cell

Mom Work

Dad Work

Emergency Contacts (Other than Parent)

Contact Name: _____ Phone: _____
Relation to athlete: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Company: _____

Insurance I.D./Group# _____

List **ALL** health concerns (ex: asthma/inhaler, diabetes, cardiac drugs, cancer, allergies) your child has and any special instructions for care:

In case emergency care is needed, I, hereby give my consent for the cross country ski team coaching staff to obtain medical treatment for my son/daughter in my absence.

Parent/Guardian Signature
2010-03-15 AMR

Date Health Info-Emer Consent

Peak Nordic Ski Club, Inc. Indemnification and Hold Harmless Agreement/Parental Consent

1. I consent to my son/daughter's participation in activities associated with Peak Nordic Ski Club, Inc. (hereinafter called "Peak Nordic"). I understand the risk of injury from activities associated with Peak Nordic. I hereby agree to hold harmless and indemnify Peak Nordic, its staff, employees, volunteers and agents from any and all damage and liability, loss, costs or expenses which are sustained or incurred by my son/daughter in his/her participation in the activities associated with Peak Nordic.

2. I give permission for my son/daughter to be treated by any medical professional and/or medical center for injuries or illness and to take emergency measures as it is deemed appropriate in the event that the undersigned cannot be notified.

3. I give permission to allow my son's/daughter's picture &/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of Peak Nordic, Friends of Lapham Peak &/or Wisconsin Department of Natural Resources events in any manner incidental to their participation in said events and without compensation.

If the participant is 18 or older:

The undersigned acknowledges that he/she is a participant in activities associated with Peak Nordic. The undersigned further acknowledges that he/she has read the aforementioned indemnification and hold harmless agreement and agrees to the provisions set forth herein and further consents to be treated for injury or illness as provided in paragraph 2 above.

Participant Name (please print): _____ Date: _____

In case of emergency, notify (note relationship): _____ at

(Phone number(s)): _____

Participants Signature: _____

Adult participant/parent Signature: _____

2009-10-19 version

CXC SIGN UP DETAILS

Central Cross Country Ski Association = CXC

Register each skier for CXC on line at this web address:

<https://www.signmeup.com/site/reg/register.aspx?fid=S72VSJ7>

Category: J3/J4/J5 and Youth Basic Membership

Age Group: YH

Classification: MW

Club/HS/College/Affiliation: Peak Nordic Ski Club

Interest Group Affiliation: Midwest Junior/Senior

You will get a confirmation e-mail, forward that to:

peaknordickids@gmail.com as proof of your CXC membership.