

ALASKA NORDIC RACING

Registration Form Year of: _____

Session (circle one)

Session I Summer, Session II Fall

Name _____

Address _____ Zip code _____

D.O.B. _____ Age _____ USSA Class _____ Grade next school year _____

School you are or planning on attending _____

Other sports that you participate in, please include those that you will participate in for your school _____

Years skiing _____ Years racing _____

Contact Information

Parents Name _____

Home Phone _____

Parent work/day phone(s) :

1. name _____ # _____

2.name _____ # _____

Parent cell _____ parent e-mail _____

Athlete cell _____ athlete e-mail _____

Emergency contact names and numbers:

Please give form to your ANR coach. Scholarships are available, please contact any ANR coach for more info.

Alaska Nordic Racing

Medical/Liability Release for Year of: _____

I, _____

parent/guardian of _____

hereby authorize the coaches and other adult representatives leading ANR to obtain such medical or dental treatment for my child as the coach or other representative deems necessary. This authorization does not include major surgery unless (a) I am contacted and consent thereto or (b) two licensed physicians concur in the necessity for such surgery prior to my child participation in ANR activities incidental thereto. I also agree to be responsible for the cost of such medical or dental care.

The following information is needed by a hospital or practitioner not having access to my child's medical records:

Allergies _____

Medications currently being taken _____

Date of last tetanus _____

Other pertinent facts to which the physician should be alerted to

Home number _____ Work number _____ Cell number _____

Medical Insurance Co. _____

Group/Policy number _____

I also know that cross country skiing and cross country ski training include trail running, roller skiing, hiking as well as a several other methods that are outdoor action activities that carry a significant risk of personal injury. I know that there are natural and man made obstacles, hazards, and environmental conditions and risks, which in combination with my child's actions can cause severe and or possible fatal injury. I agree that as a participant, I must take an active role in understanding and accepting these risks, conditions and hazards. I also agree I will not hold any claim against ERNTC/ANR the coaching staff any sponsor or organizer for injuries that may occur while participating in this camp/clinic/program. This waiver must be signed by the athlete and the parent or guardian if under 21 years of age.

Parent/Guardian _____ date _____

Athlete _____ date _____