

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell phone #1: _____ Cell phone #2: _____

E-mail address: _____ Emergency Contact: _____ Relationship: _____

Office Use only:
 Child Tax Credit
 Tax receipt
 Membership

Last name	First name	Date of Birth d/m/y	Age	sex m/f	Bunnies	Special Rabbits	Jackrabbits		Track Attack (ages 10-13)	Teens on Skis	Adaptive ***	Biathlon Bears**	SLNC Team (Jv, Jr, Sr)	Masters Weds, Weekly	Additional Donation*	Subtotal
							1hop (6-7 yrs)	2 Hop (8-9 years)								
					\$45	\$45	\$45	\$70	\$80	\$80	\$45	\$135	\$250	\$250		
					\$45	\$45	\$45	\$70	\$80	\$80	\$45	\$135	\$250	\$250		
					\$45	\$45	\$45	\$70	\$80	\$80	\$45	\$135	\$250	\$250		
					\$45	\$45	\$45	\$70	\$80	\$80	\$45	\$135	\$250	\$250		

Please make cheques payable to : Sovereign Lake Nordic Club

Total	
-------	--

***Our Program Fees:** The fees that we ask for are a minimum donation to help cover expenses. Any further donations that you would like to contribute are greatly appreciated.

****Biathlon Bears:** Rifle rental available \$25 per season *****Adaptive:** If registering adaptive students, please contact club coach Darren Derrochie coach@sovereignlake.com

SLNC is a volunteer driven organization. The help of our volunteers make these programs work.

We ask that if your child is in a ski program, that a volunteer commitment be offered.

All applicants 19 and over must sign for themselves. All applicants under the age of 19 must have a parent or guardian sign on their behalf.

I HEREBY AGREE to abide by the rules and regulations of Cross Country Canada (hereafter called CCC), Cross Country BC (hereafter called CCBC), Biathlon Canada (hereafter called BiC), Biathlon BC (hereafter called BiBC) and Sovereign Lake Nordic Club (hereafter called SLNC) and to participate in the events, activities and programs sanctioned by CCC, CCBC, BiC and BiBC in accordance with the Association Rules, Regulations and Bylaws.

IN CONSIDERATION OF CCC, CCBC, BiC, BiBC and SLNC acceptance of me as a registered member of the SLNC, and my being permitted to take part in SLNC's events, activities and programs, I hereby, for myself, my heirs, executors, administrators and assigns, forever release, discharge, hold harmless CCC, CCBC, BiC, BiBC and SLNC, its directors, officers, employees, volunteers, representatives or agents.

SIGNATURES requested for each applicant listed on the registration.

1. _____ Date: _____ 2. _____ Date: _____

3. _____ Date: _____ 4. _____ Date: _____

Medical Information:

Name _____ allergies _____ medications _____ other _____

Name _____ allergies _____ medications _____ other _____

Name _____ allergies _____ medications _____ other _____

I hereby give my consent to the Sovereign Lake Nordic Club to use the above named in images in the form of photography, videotape, webpages in likeness or for any other recording or reproductions for promotional purposes without payment of any fee or charge.

Signature _____ Name of Signature: _____ Date: _____

PLEASE FILL OUT A VOLUNTEER FORM TO HELP US MEET OUR VOLUNTEER REQUIREMENTS.