



Sovereign Lake Nordic Club Program Registration

Name (first and last): _____ Gender (M/F): _____
 Birth Date (dd/mm/yyyy): ____/____/____ Address: _____
 City: _____ Province: _____
 Postal Code: _____ Home Phone: (____) _____ Cell Phone: (____) _____
 Email Address: _____ Season's Pass Number*: _____

If the applicant is under the age of 19, a guardian must fill out the following section:

Parent/Guardian Name: _____ Relationship: _____
 Cell Phone: _____

*Please note, all program participants must be season's pass holders

<u><i>Programs</i></u>	<u><i>Check</i></u>	<u><i>Fees</i></u>	<u><i>Total</i></u>
Bunnies		\$40	
Special Rabbits		\$40	
Jackrabbits 1 Hop (ages 6 - 7)		\$40	
Jackrabbits 1 Hop (ages 8-9)		\$50	
Jackrabbits 2 Hop (ages 8-9)		\$70	
Track Attack (ages 10-13)		\$70	
Teens on Skis		\$70	
Adaptive		\$40	
Biathlon Bears			

Registration Deadline will be November 5th (add \$10 after November 5th)

Sovereign Lake Nordic Club is a volunteer driven organization; as a result, volunteer commitment is required if your child is participating in Sovereign Lake Programming

Please circle your area(s) of interest:

Phoning Fundraising Ski Tournament Registration
 Lodge Supervision Coaching Special Events Equipment

Photo Release:

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

Name _____ Date _____

Signature of parent/guardian (if applicable): _____



Medical Information:

Important Medical Considerations:

Medications (if so, can the patient administer their own medication(s)?:

Allergies:

Person to contact in case of emergency: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Please note that medical information is confidential and will not be disclosed unless necessary. Personal contact information will only be used for the purposes of the Sovereign Lake Nordic Club and will not be sold or distributed to outside sources.

Participant Waiver:

I hereby agree to abide by all 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 SLNC's Rules, Regulations and Bylaws.

In consideration of CCC, CCBC, BiC, BiBC and SLNC, acceptance of me as a registered member of SLNC, and my being permitted to take part in SLNC 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.

Date: _____ Name: _____

Signature (parent/guardian if applicable): _____

Please make cheques payable to: Sovereign Lake Nordic Club

Mail to: Box 1231, Vernon BC V1T 6N6