



**Wolfeboro Youth Nordic Membership Application**  
(For skiers 13 years old and younger only)

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Additional Youth Family Members** (who want to become members)

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ sex: \_\_\_\_\_

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ sex: \_\_\_\_\_

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ sex: \_\_\_\_\_

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**Dues Worksheet**

Individual Members ..... (num) \_\_\_\_\_ @ \$ 40 each = \$ \_\_\_\_\_ **TOTAL DUES**  
(dues includes \$20 for mandatory New England Nordic Ski Association membership)

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Please return this Membership Application form and check to your Club leader.  
Individuals may send Membership Application form and check to:

**Wolfeboro Nordic**  
c/o Elizabeth Bean  
PO Box 1003  
Wolfeboro, NH 03894

**Catch us on the flip side!**  
Everyone who is signing up to be a member, and Parent/Guardian, too, must sign the Waiver and Release on the back of this page.

## WOLFEBORO NORDIC WAIVER AND RELEASE OF LIABILITY

Membership Applications returned without all of the necessary signatures cannot be processed. In consideration for the rights and privileges associated with membership in the Wolfeboro Nordic, I acknowledge and agree to be bound by the following:

**1. Identification of Risks.** I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross-country ski competitions and clinics, involves risk of serious injury, including permanent disability, death and other losses, due to inactions or negligence of myself or others.

**2. Assumption of the Risk.** I agree that I am responsible for my safety while participating in activities associated with Wolfeboro Nordic, and that such responsibilities included participation only; a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.

**3. Waiver.** Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the Wolfeboro Nordic, its affiliates, subsidiaries, officers, directors, employees, agents, coaches, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with Wolfeboro Nordic, except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who may pursue any legal action or claim on my behalf.

**4. Insurance.** I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entitles from providing this coverage for me.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Athletes of Minor Age (This form will not be processed without parent/guardian signature)**

This is to certify that, as parent/legal guardian of this (these) above named minor(s), I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Return to Club Leader