



## Youth Membership Application

For use by age 6 -13 years skiers only

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

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

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

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

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

Zip: \_\_\_\_\_

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

.....  
**Additional Family Members**

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

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

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

**Dues Worksheet**

Individual Members ..... (num) \_\_\_\_\_ @ \$40 each = \$ \_\_\_\_\_

**TOTAL DUES** \$ \_\_\_\_\_

Individuals may send Membership Application form and check to:

**Wolfeboro Nordic**  
**c/o Wolfeboro Cross Country Ski Association**  
**PO Box 188**  
**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.

Please check out our website: <http://wolfeboroxc.org/nordic/youth.html>

Email: [wolfeboronordic@hotmail.com](mailto:wolfeboronordic@hotmail.com).





**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 Youth Development Program,

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.

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

2. **Assumption of the Risk.** I agree that I am responsible for my safety while participating in activities associated with WOLFEBORO NORDIC YOUTH DEVELOPMENT PROGRAM, 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.

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

3. **Waiver.** Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the Wolfeboro Nordic Youth Development Program, its affiliates, subsidiaries, officers, directors, and coaches 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 YOUTH DEVELOPMENT PROGRAM, 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.

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

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 entities from providing this coverage for me.

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: \_\_\_\_\_