

Wilderness Wildcats XC Ski Registration
NYSSR Registration 2016-2017
www.wildernesswildcats.com

First Name	
Last Name	
Address	
City, State, Zip	
Country	USA
First Year in Wildcats?	Circle one: Yes No

Age as of 12/31/16	
DOB (m/d/yyyy)	
Age Class-see chart below	
Gender	Male _____ Female _____
Team/Club	Wilderness Wildcats

Parent's Name	
Phone Number(s)	
Email Address	
Emergency Contact Name	
Emergency Contact Phone	
Health Issues	
Interests: Circle all that apply	Cross Country Skiing, Biathlon, Ski Orienteering, Coaching, Race Officiating

Age Class Chart

Use age as of 12/31/16

Age	Age Class
4, 5	U6
6, 7	U8
8, 9	U10
10, 11	U12
12, 13	U14
14, 15	U16
16, 17	U18
18, 19	U20

Program Cost: (Circle one below)		
Bunnies - \$55	Polar Bears, Blizzards, Frostbites - \$65	Track Attack - \$90
Check payable to: Wilderness Wildcats: Mail signed form, signed NYSSRA waiver and check to: Dave Treusch, 8766 Gudgeonville Rd., Girard, PA 16417		

Consent Form: In consideration of your accepting this application, I, for myself, my heirs and assigns do hereby release Wilderness Lodge and Wilderness Wildcats and any other organizers, sponsors, or property owners from any claim whatsoever arising from use of the facilities and trails.

Signed _____ Date _____

Also sign the NYSSRA waiver and release of liability.

NYSSRA Waiver and Release of Liability Form

Waiver and release of liability:

In consideration for the right and privileges associated with membership in the New York Ski Racing Association – Nordic, Inc. 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 activities and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inaction 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 NYSSRA-Nordic, Inc. and that such responsibility includes 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 New York State Ski Racing Association-Nordic, Inc., its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, 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 NYSSRA-Nordic, Inc., 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 entities from providing this coverage for me.

2. Yes, I have read the event waiver and agree to all terms

3. Initials of athlete over 18 years of age or parent/legal guardian of minor under 18 years of age or legal guardian of incapacitated and/or intellectually disabled person.

*

Signature (parent if under 18)

Date