

Spring Break Day Camp Registration

March 19, 21, 23, 26 & 28, 2018



Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Address: _____

Phone #: _____ Postal Code: _____

Parents Name(s): _____

E-Mail: _____

Date(s) requested (please circle, underline or highlight):

Half Day 9:30am-12:00pm Full Day 9:30am-3:30pm

March 19

March 21

March 23

March 26

March 28



Rentals required? If yes please fill out below:

Name: _____ Shoe size: _____ Height _____

Name: _____ Shoe size: _____ Height _____

Name: _____ Shoe size: _____ Height _____

In case of emergency please contact:

Name: _____

Relationship to child(ren): _____

Phone number(s): Home: _____ Cell: _____

Allergies or Medical Conditions we should be aware of?

Dr's Name _____

Please read and sign the next page.....

RELEASE OF ALL CLAIMS AND WAIVER OF LIABILITY FOR SKI LESSON:

WARNING: By signing this form, you give up your right to claim compensation for death, injury, or loss of property.

(1) I am aware that cross country skiing has inherent dangers and risks including but not limited to injury and death

(2) I consent to all risks of cross country skiing for this "SNOW CAMP"

(3) I hereby warrant that I am in good health, and know of no medical reason that precludes me from this event.

(4) For permission to be in this "SNOW CAMP", I, for myself, my heirs, executors, administrators, and anyone else who may claim on behalf of myself, covenant not to sue, and covenant to waive, release, discharge and indemnify the Caledonia Nordic Ski Club, Cross Country Canada, Cross Country BC, it's owners, employees, coaches, directors, officers, agents or anyone else involved with the above organizations from and against any and all claims or liability for personal injury, death, damage to property or loss of any kind whatsoever, nature or kind and howsoever caused, whether arising by reason of the negligence of C.C.C., C.C.B.C., Caledonia Nordic Ski Club, or otherwise, and whether sustained by me or any third party in relation to my involvement in "SNOW CAMP".

Acknowledgement of Personal Information & Equipment Instructions:

I have accurately represented the personal information and it is true and correct. I will not use any of the equipment to be provided to me during this transaction until I have received instruction on its use and I fully understand its use and function.

Equipment Rental & Liability Release Agreement:

PLEASE READ CAREFULLY BEFORE SIGNING - I accept for use AS IS the equipment listed on this form and accept full financial responsibility for the care of the equipment while it is in my possession. I will be responsible for the replacement at full value of any equipment rented under this form, but not returned to the shop. I agree to return all rental equipment by the agreed date. I understand that the binding system cannot guarantee the user's safety. In cross-country skiing, the binding system will not ordinarily release during use; these bindings are not designed to release as a result of forces generated during ordinary operation. I understand that the sport of cross-country skiing involve inherent and other risk of INJURY and DEATH. I voluntarily agree to expressly assume all risks of injury or death that may result from cross-country skiing, or which relate in any way to the use of this equipment.

I AGREE TO RELEASE Caledonia Nordic Ski Club, their employees, owners, affiliates, agents, officers, directors, and the manufacturers and distributors of this equipment (collectively "PROVIDERS"), from all liability for injury, death property loss and damage which results from the equipment user's participation in the sport of cross-country skiing, or is in any way related to use of this equipment, including the liability which results from the NEGLIGENCE of PROVIDERS, or any other person or cause.

Name (Please Print) _____

Signature (Parent/Guardian Signature for youth <19 years)

Date

Prices*: HALF DAY: \$25.00 /day FULL DAYS: \$50.00 / day

Non members: add \$3.50 trail pass per day

Rentals: add \$6.00 per half day, \$9.00 per full day

**** all prices subject to GST ****



For office use only:

Amount Received: _____ Date _____ Staff Initials _____

Rentals required? _____ Boots Sizes Required _____

Payment Method (circle one): cash cheque debit credit