



One application per Family  
Complete form prior to attending meeting

## NORDIC WRECKS SKI CLUB MEMBERSHIP APPLICATION /WAIVER-

I HEREBY AGREE to abide by the Rules and Regulations of **CROSS COUNTRY CANADA** (hereafter called CCC), **CROSS COUNTRY CANADA, B.C. Division** (hereafter called C.C.B.C.) and to participate in the events, activities and programs sanctioned by C.C.C. and C.C.B.C. in accordance with the Association's Rules, Regulations and By-laws.

IN CONSIDERATION OF C.C.C., C.C.B.C. AND **NORDIC WRECKS SKI CLUB**, acceptance of me as a registered member of the Association, and my being permitted to take part in the Association's events, activities and programs, I hereby for myself, my heirs, executors, administrators and assigns, forever release, discharge, hold harmless, C.C.C. and C.C.B.C. and **NORDIC WRECKS SKI CLUB**, its Members, its Directors, its Officers, employees, representatives or agents.

I FURTHER AGREE to abide by the constitutional by-laws and regulations of the **NORDIC WRECKS SKI CLUB**

### Names (please print):

1) \_\_\_\_\_ BIRTHDAY: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

2) \_\_\_\_\_ BIRTHDAY: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ **E-MAIL** (If you'd like your Newsletter e-mailed to you) \_\_\_\_\_

**EMERGENCY CONTACT:** Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### CHILDREN'S / STUDENT'S NAME(S): (Please give full names and ages of all children on this application)

\_\_\_\_\_ BIRTHDAY - Mon., \_\_\_/Day\_\_\_/Yr. \_\_\_

\_\_\_\_\_ BIRTHDAY - Mon., \_\_\_/Day\_\_\_/Yr. \_\_\_

**PAYMENT:** Cheques are preferred (Payable to **NORDIC WRECKS SKI CLUB**)

**FEE(S)**(NB. \$10.00 of the registration fee goes to Canadian Ski Assoc.)

\$20.00 Adults (19 - 64)

\$15.00 Students (12 - 18)

\$15.00 Seniors (65 and over)

\$10.00 Children (under 12)

#### **Adult Applicant Release and Waiver**

As an applicant(s) for Membership  
I have read and understand the above:

\_\_\_\_\_  
\_\_\_\_\_

Signature(s) Must be Signed by all Applicants

Date: \_\_\_\_\_

#### **Minor Applicant Release and Indemnification**

As a parent or guardian of an applicant under the legal  
age of 19, I have read and understand the above and accept its  
terms and conditions on the applicants behalf.

\_\_\_\_\_

Signature of Parent or Guardian

Date: \_\_\_\_\_

#### Mail To:

**Bob McKay**  
#24 20770 97B Ave.  
Langley B.C.  
V1M 3X9  
Inquiries: Ph: 604-513-8664  
Email: [remckay@telus.net](mailto:remckay@telus.net)

#### Payment :-

Cheque \_\_\_\_\_ Cash \_\_\_\_\_

#Adult(s) \_\_\_\_\_ # Student(s) \_\_\_\_\_

#Children \_\_\_\_\_ # Senior(s) \_\_\_\_\_