



MT SHASTA NORDIC

Mt. Shasta Nordic Ski Organization, Youth Nordic Ski Program

2007/2008 Registration Form

Name: _____ Gender: M / F Birth Date: _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone: _____ E-mail _____

Shoe Size: _____ Jacket Size _____ Height: _____ Weight: _____

XC Ski Ability (circle one): Never tried Beginner Intermediate Expert

Do you do other sports that require balance and/or endurance? Yes/ No

If so, please list: _____

Do you have xc-ski equipment that you can use? Yes/No

If yes, is it classic or skate ski equipment? Classic Skate

What times will you be able to participate in the club?

Wednesday PMs 3:15- dark? Yes/ No

Saturday AMs 9-1:30? Yes/ No

Do you expect that you will go on the field trip on Feb. 15-18? (You will miss 1 Friday of school.)
Yes/ No/ Maybe

Please circle the reasons you are interested in this club. Circle as many as you like.

- a) I like to get outside in Winter
- b) To get or stay in shape.
- c) I like to do fun things with other people my age.
- d) I want to learn to cross country ski
- e) I want to be a better skier.
- f) Other (please describe) _____

Suggested Donation for Membership (Including Swix microfiber Nordic racing jacket w/ club logo)- \$75.00

Attached is a donation of \$____.____ (Make checks out to MSNSO)

Sign me up for the Mt. Shasta Nordic Youth Ski Program and order a club jacket for me. I will obtain my parent or legal guardian's permission to participate in this program. A separate liability waiver must be signed by parent or guardian before participating in club activities.

Signed _____ Date _____

Signature of parent of guardian _____ Date _____