

*Bemidji Area Cross Country Ski Club Membership and/or Bemidji
Sunday Ski School Participation*

The Bemidji Area Cross Country Ski Club works to promote cross country skiing in the Bemidji Area by coordinating volunteers for Fall trail clearing of Grant-in-Aid trails and for Winter trail grooming of local Grant-in Aid trails. The Ski Club also works to promote youth skiing by providing a Ski School for young skiers as well as financial support for local youth skiers.

Adult Name(s) (first and last please) _____
 Street address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Names of ski school participants

First name	Last name	M/F	Date of birth	Level of experience
_____	_____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Years__
_____	_____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Years__
_____	_____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Years__
_____	_____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Years__
_____	_____	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Years__

Household/Family Membership - \$30 _____
 Individual membership - \$15 _____
 Ski School participants—\$15 each _____
 Total Enclosed (maximum fee of \$75 per household) _____
 Donations _____

Complete this form and bring it the first day
of ski school. Please do not send it in
advance
Make checks payable to the BACCSC.

I in consideration of the acceptance of my registration, I, the undersigned, intending to be legally bound for myself, my heirs, my children, executors and administrators, do hereby release any and all sponsors of this program and their representatives, successors, and assigns, from any and all liability arising from illness and injuries I may suffer as a result of my participation in this program.

I also understand and agree that any sponsor may use for publicity my name and the **photography of my participation** in this program without obligation or liability to me.

I have read the foregoing and certify my agreement by my signature below. Parents / Guardians must sign, and are responsible for the safety and well-being of their children.

Signature: _____ Date _____