



NORDIC TEAM

Please complete one registration form per skier. Thank you.

Name of Skier: _____ DOB: _____

Skier's Phone #: _____ Skier's Email: _____

Name of Guardian #1: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail: _____

Mailing address: _____

Name of Guardian #2: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail: _____

Mailing address: _____

J2 & Older Programs (14-18 years old, birth years OJ 92/93, J1 94/95, J2 96/97)

- J2 & Up Winter COMP Team** – program includes 5 to 6 days a week coaching, race wax, van shuttle to practice, hat, race coaching, ski jacket. Races and travel are extra. **\$600**
- J2 & Up Winter DEVO Team** – Want to ski but not every day? Want to race but racing isn't your focus? You love the Methow Valley Nordic Team and want to keep skiing? The Devo team is for you. Practice 3 days a week (Tuesday, Wednesday, Thursday), participate in two races, assist at the Holiday Camps and so much more. **\$350**
- J2 & Up Spring Training** – keep in shape this spring and hang with your nordic friends every Wednesday. Run, bike, roller ski and enjoy some surprise adventures. 3:30 pm every Wednesday after school. **\$40**
- J2 & Up Summer Training** – take your skiing to the next level. The MVNT Summer program meets three days a week (Tuesday, Thursday and Sat/Sun). Hike the Cascades, roller ski, run and build your base for the winter. **\$250**
- J2 & Up Fall Training** – this is a MUST make training period for any serious skier wanting to make an impact during the race season. Meet 3 days a week (Tuesday, Thursday and Sat/Sun). **\$150**

J3 Programs (12-14 years old, birth year J3 98/99)

- J3 Winter COMP Team** – program includes 3 days a week coaching, race wax, van shuttle to practice, hat, race coaching. **\$350**
- J3 Winter DEVO Team** – not into racing, or are you refining your skills or learning to ski? Join the Nordic Team twice a week, every Tuesday and Thursday for games, fun and some great events. **\$250**

Kids' Program (6-12 years old, birth year J4 00/01, J5 02/03, J6 04/05)

- J6 – J4 Winter Ski Team** – two days a week (Tuesday and Thursday) after school. Learn to ski, play games and enjoy the magic of winter with good friends and great coaches. **\$150**

Extras (circle what you would like to order, if we get enough orders, we will bill you. Please don't include payment!)

McCabe Trail Grooming Donation _____

Please Make Checks Payable to *MVNT, PO Box 1063, Winthrop, WA 98862* Total _____

Methow Valley Nordic
Ski Educational Foundation
Waiver & Release Form 2011-12

I, the undersigned, or parent or legal guardian of a minor, desiring to participate in the Nordic programs of the Methow Ski Educational Foundation, ("Associates") and/or Methow Valley Nordic Team ("MVNT") hereby acknowledge that the participation by my minor child in Associates and/or MVNT trips and events is permissive only and is subject to the terms of this Release. The waivers and releases given pursuant to this Agreement extend to, and are for the benefit of MVNT, the Associates, and the other Released Parties identified below. I acknowledge that the sport of skiing, Nordic and biathlon, and other related events attended or hosted by the Associates or MVNT are action sports which carry a significant risk of personal injury and even death. I hereby assume those risks, from all factors, known or unknown to my minor child or me. Without limiting the foregoing, I acknowledge that:

Skiing, ski racing and related snow sports activities are hazardous activities and I or my child have made a voluntary choice to participate in those activities despite the risks:

Initial here: _____

I know that there are natural and man made obstacles or hazards, surface and environmental conditions, and risks inherent in ski and snow activities, including ice, poor visibility, cold or freezing conditions, variations in terrain, moguls, forest growth, rocks and debris, and other obstacles. I have been given an opportunity to visually inspect the cross-country trails and/or courses, facilities and the ski areas used by the Released Parties. I hereby assume and accept the risk of all natural and man made conditions at the ski area:

Initial here: _____

The aforementioned risks, alone and in combination with the actions of other skiers or actions of my minor child can cause very severe or possibly even fatal injury to my child or others. I acknowledge that my minor child, as a participant in MVNT/Associates activities, understand and assume and accept these risks, conditions and hazards whether known or unknown:

Initial here: _____

I understand that all MVNT trips involve the use of rental and private vehicles operated by volunteers under private insurance plans. I know that road condition, the actions of other drivers, health conditions of the drivers, and other factors can result in very severe or possibly fatal injury to my child or others. I acknowledge that I, on behalf of my minor child, a participant in MVNT/Associates activities, understand and assume and accept these risks, conditions and hazards whether known or unknown.:

Initial here: _____

Having read and understood the foregoing, on behalf of myself or my minor child and our heirs and successors, I hereby waive any and all claims, demands, liabilities and recourse against Methow Valley Nordic Team, the Associates; Methow Valley Ski Educational Foundation; Methow Valley Sport Trails Association; United States Ski Association; United States Forest Service; all sponsors and the agents, agencies, affiliates, members, officers, Directors, volunteers, and employees of all the above organizations (Collectively, the "Released Parties") arising out of or relating to wrongful death, personal injury or property damage suffered by myself or my child from participation in any happening, event, transport to or from, or activity in any way related to the Methow Valley Junior Nordic Team/Methow Valley Ski Educational Foundation Nordic programs. Without limiting the foregoing, it is my intention that this waiver and release extend to and include claims, damages and liabilities arising out of or resulting from the negligence of any Released Party.

By signing below, I am indicating my acceptance of this waiver and release, and I am representing that I or my minor child is in sufficiently good physical condition to participate in the programs and activities of the Associates without jeopardizing my or his/her health.

Name of Participant: Print _____ Date: _____

Participant signature if over 18 _____ Date: _____

Print name of parent/legal guardian if under 18 : _____ Date: _____

Signature of parent/legal guardian if under 18 : _____ Date: _____

Methow Valley Nordic Team
Authorization for emergency medical treatment

ATHLETE'S NAME: _____

Insurance Company _____

Policy #/ ID _____

EMERGENCY CONTACTS:

Contact Name	
Relationship	
Home Phone	
Work Phone	
Cell Phone	

Contact Name	
Relationship	
Home Phone	
Work Phone	
Cell Phone	

HEALTH INFORMATION

Please describe any medical conditions or information that coaches or a physician should be aware of including: medications, allergies, allergies to medication, asthma or respiratory condition, recent illnesses or injuries, etc

In the event emergency medical aid/treatment is required due to illness or injury while involved in Nordic Team activities I authorize Methow Valley Nordic Team to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked if the person(s) named above is unable to be reached.

Consent Signature: _____ Date _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment /aid in the case of illness or injury during the process of receiving services or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature: _____ Date _____

MVNT TEAM EXPECTATIONS AND PARTICIPATION AGREEMENT

It is our expectation that all members of the Methow Valley Nordic Team honor in practice and intent the philosophy upon which our team was founded. The team promotes good sportsmanship, teamwork and support for fellow team members. The following MVNT expectations are meant to help ensure the smooth running of our program so that everyone can ski to his or her potential and have fun.

Every MVNT skier and parent should:

1. Try to attend all scheduled training sessions, unless sick or other conflicts prevent participation. Please try to alert your coach or Junior Program Coordinator if your athlete can not attend. Be on time and ready!
2. Attend all races in the Methow Valley (to help and learn if not to race).
3. J3 & Older Comp and Devo athletes - complete 10 hours of MVSTA trail work to earn your season pass from MVSTA or pay MVSTA for your trail pass. Volunteer additional hours at the McCabe Trails.
4. Try to participate in team fundraisers.
5. Be responsible for personal equipment, the team's equipment and team facilities and be properly prepared for each day of training or racing.
6. Support fellow team members, show respect for competitors, and exhibit exemplary sportsmanship.
7. Demonstrate high standards of moral and ethical conduct, including self control and responsible behaviors, consideration for others' physical and emotional well-being, and courtesy and good manners in public.
8. Treat with respect the coaches, volunteers, and parents who help make this program possible.
9. Not possess or use alcoholic beverages, illegal drugs, tobacco in any form, or performance enhancing drugs.
10. Write thank-you letters to all sponsors every year.
11. Any skier who is exhibiting signs of contagious ailments, i.e. fever, nausea, green sinus discharge, mucousy cough, etc. is not allowed to ride in the team van or with other kids. Skiers and Parents should use good judgment and consider teammates by alerting the Coach/team that they are ill. Alternatively, if the Coach believes a skiers state of health is a danger to other skiers he or she may request that the skier not participate. If a Coach is sick they will attempt to find a replacement Coach.

Inappropriate actions or behavior will be brought before the MVNT Steering Committee for review. Sanctions include, but are not limited to, the following:

1. Withholding of team financial support.
2. Temporary or permanent suspension from the team.

MVNT has values consistent with the Methow Valley school system and any suspension from school will result in an equivalent suspension from MVNT training and racing. A skier has the right to appeal any decision of the MVNT Steering Committee.

By signing this document, the skier and the skier's family acknowledge that they understand and agree to abide by these conditions.

Dated: _____

Athlete: _____

Parent: _____