



Kamsack Ski Hill Membership Form

Season _____

MAIL Kamsack Ski Club **OR** Sharon Rudy
 Box 2153 Box 2095
 Kamsack, SK Kamsack, SK
 SOA 1S0 SOA 1S0

Address: _____

Email Address: _____

City: _____

Phone: _____

Postal Code: _____

Cell: _____

Place an "X" in all that apply

| | Signature Required If under 18 years | Date of Birth | Nordic Program | | | Alpine Program | | |
|--|---|---------------|----------------------|----------------|----------------|------------------------|-------------------------|-----------|
| | | | Nordic Recreation | Jack Rabbit | Nordic Race | Alpine Recreational | Learn to Ski Lessons | Snowshoes |
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Membership Fees: \$20.00 Single or \$40.00 for the first four family members + \$10.00 for each additional member.
 (\$15.00 per member is sent to SASKI for programs and insurance)

Please make cheque payable to: **KAMSACK SKI CLUB**

Membership Fee Paid:

\$ _____

Consent Agreement: Members or their parent/guardian must sign. This consents agreement covers all persons listed on the membership application form. Each person 18 years or older must sign in the space provided above, and a parent/guardian must sign opposite the name of the member less than 18 years of age in the space opposite such person's name in rows 1 to 4 above. I hereby agree to abide the rule and regulations of Cross Country Canada (CCC), Cross Country Saskatchewan (CCS/SASKI), Biathlon Canada (BC), Biathlon Saskatchewan (BS), Alpine Canada Alpine (ACA), Canadian Ski Association (CSA), and the Regina Ski Club (RSC), and to participate in the events, activities and programs sanctioned by CCC, CCS/SASKI, BC, BS, ACA, CSA, and the Kamsack Ski Club, in accordance with the Association's Rules, Regulations and By-laws. I am aware that skiing/snowboarding involves certain dangers and risks, including, but not limited to collision and falling at high speed and I freely accept and fully assume all such dangers and risks and the possibility of personal injury, association (or a parent or guardian of a participant under legal age of 18) and my being permitted to take part in the Association's activities and programs. I hereby for myself my heirs, administrators and assigns, forever release, discharge, hold harmless CCC, CCS/SASKI, BC, BS, ACA, CSA, and the Kamsack Ski Club, their directors, officers, employees, representatives, and agents.

I HAVE READ AND I AGREE TO THE TERMS AND CONDITIONS OF THE CONSENT/AGREEMENT _____

PRIVACY STATEMENT: The Kamsack Ski Club uses your personal information only for Kamsack Ski Club purposes, such as communicating with you about events. Your personal information will be disclosed only to those third parties, eg. SASKI that facilitate the provision of the Kamsack Ski Club trips, programs, and services.