

# 2018/2019 Registration



Parent/Guardian Name		
Emails		
Phone #'s		
Emergency Contact Name		
Emergency Contact Phone		
Health Insurance Provider		
Health Insurance Policy #		
<b><i>One registration form per athlete. Above information needs only to be filled out once.</i></b>		
Athlete Name		
Gender	M / F	
Age		
Birthdate		
Jacket Size		

1 Day Nordic – Skate (Tuesdays)	\$200	
2 Day/week Nordic - Skate and Classic (Tuesdays/Thursdays)	\$325	
3 Day/week Nordic – Comp/Devo (Tuesdays/Thursdays/plus 1)	\$425	
Biathlon add-on (Wednesdays). Must register for at least 1 day of Nordic. An additional \$15 U.S. Biathlon Association membership will be required for insurance purposes. This will be a separate payment.	\$150	
TOTAL		

Please make check payable to **McCall Nordic Ski Club**. Send to P.O. Box 2584. Payment plan available upon request.