

The Vancouver Skiers Cross Country & Touring Club

Membership Application / Renewal Form 2009-10

Mail to: P.O. Box 4407, Main Postal Outlet, Vancouver, BC, V6B 3Z8; Phone: 604-437-1549

Membership Fees*: Single - \$25 Family** - \$40

Office Use

Early Bird, Before Oct. 31*: Single - \$20 Family** - \$35

Payment \$

Date

* (For Nordic Racers, fees are reduced by \$ 10 / person)

** (Family rate based on couple. Each additional member \$ 10.)

Membership Type (circle one): Single Family

Renewing Member(s) _____ New Member(s) _____ (check one)

Primary Member Last Name _____ First Name _____
(2 adults and all dependents (including students) at the same address. Newsletter will be addressed to the primary member.)

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ E-mail Address _____

(Newsletter sent by e-mail ONLY? Yes _____ No _____)

Check if you DO NOT want your phone number etc. published in the club list: _____

EMERGENCY CONTACT: Name _____ Phone _____

Club Member Waiver

I HEREBY AGREE to abide by all the Rules and Regulations of Cross Country Canada (hereinafter called CCC), Cross Country BC (hereinafter called CCBC) and to participate in the events, activities and programs sanctioned by CCC and CCBC in accordance with the Associations, Rules, Regulations and Bylaws.

IN CONSIDERATION OF CCC, CCBC and The Vancouver Skiers Cross Country & Touring Club acceptance of me as a registered member of the Association, and my being permitted to take part in the Associations' events, activities, and programs, I hereby, for myself, my heirs, executors, administrators and assigns, forever release, discharge, hold harmless CCC and CCBC and The Vancouver Skiers Cross Country & Touring Club, its members, directors, officers, employees, representatives or agents.

I FURTHER AGREE to abide by the constitutional bylaws and regulations of the The Vancouver Skiers Cross Country & Touring Club. This waiver form must be completed by all members (or by a parent/guardian for members under the age of 19) for insurance purposes.

1) Member Signature (1) _____ Gender: M / F Date _____
Print Name _____ Date of Birth _____
Home Phone _____ Work Phone _____

2) *Member Signature (2) _____ Gender: M / F Date _____
Print Name _____ Date of Birth _____
Home Phone _____ Work Phone _____

3) *Member Signature (3) _____ Gender: M / F Date _____
Print Name _____ Date of Birth _____
Home Phone _____ Work Phone _____

4) *Member Signature (4) _____ Gender: M / F Date _____
Print Name _____ Date of Birth _____
Home Phone _____ Work Phone _____

* (or parent/guardian signature, if applicable)

