



Membership Application

Wostawea X-Country Ski Club Le Club de Ski de Fond, PO Box 3162, Sta. B, Fred. NB E3A 5G9

Family Name		Home Phone	
Street		Work Phone	
City/Town		Postal Code	
E-Mail Address			

Last Name	First Name	Age	Last Jackrabbit level (if applicable)	Allergies or medical conditions the Club should be aware of

Membership Fees:

Single Membership (no dependents) @ \$30	\$
Single Parent @ \$20	\$
Family (General) Membership @ \$40	\$

Plus Program Fees (if applicable):

Jackrabbit (1 st two children)	@ \$ 20 per participant =	
Jackrabbit (3 rd child or more)	@ \$ 10 per participant =	
Racing Team	@ \$ 20 per participant =	
Adult Lessons	@ \$ 20 per participant =	
TOTAL FEES		\$

Would you like to volunteer with:	Loppet at Mactaquac	Jackrabbit ski program - coach/assist	Jackrabbit ski program - snacks	Lunar Skiing	Special Events	Admin. (webpage, newsletter etc)
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Club Waiver

I hereby agree to abide by the rules and regulations of Cross Country Canada, New Brunswick Division and to participate in the events, activities, and games sanctioned by Cross Country Canada, New Brunswick Division in accordance with the Association's rules, regulations, and by-laws. In consideration of Cross Country Canada, New Brunswick Division and Wostawea Cross Country Ski Club, acceptance of me as a registered member of the association, and my being permitted to take part in the Association's events, activities, and games, I hereby, for myself, my heirs, executors, administrators, and assigns, hereby forever release, discharge, and hold harmless Cross Country Canada, New Brunswick Division and Wostawea Cross Country Ski Club, its directors, officers, employees, representatives, or agents.

Applicant's/Parent's or Guardian's Signature

Date

All participants under the age of 18 must have their parent or guardian sign the above Waiver.

For Office Use Only:	Date:	Amount Pd:
Taken by:	Membership Card Issued? Yes/No	Processed: