



**“RACING RABBITS”
ADVANCED YOUTH SKI INSTRUCTION PROGRAM REGISTRATION**

PARTICIPANTS NAME: _____ ADDRESS: _____
DATE OF BIRTH (DD/MM/YY): _____
HOME PHONE #: _____ EMAIL ADDRESS: _____
HEALTH CARD #: _____ FAMILY DOCTOR with #: _____
EMERGENCY CONTACTS with #S _____

Parents please indicate if your child or children have any allergies or medical needs, learning disabilities or challenges that we may need to know about and lets us know what works best to address these needs compassionately and effectively.

Please use one registration form per skier. Copies of form can be found on our web site www.mountainviewmidland.com or with the coaches.

Racing Rabbits is for athletes focused on improving their skiing skills and want to race. The instructors will place the athletes in groups based on their skill level and commitment to the sport.

Fees: Racing Rabbits \$140.00 Practices - Saturdays (trail fees included)
- Tues/Thu. evening (trail fees **not** included)
\$200.00 (includes a full season’s trail pass)

Program runs Saturdays Oct 9 till March 12, Ski Banquet on March 26th.
Practices are Saturday’s 10-12, Tues/Thurs 4 –5:30. Also recommended Wednesday core training.
No snow – We will be roller skiing Saturday in Victoria Harbour, (rain days @ Mt.View).
Tues/Thurs @ Mt.View for dryland training (rain or shine)

With Snow – All training will be @ Mt. View. Saturday, athletes are to have their skis waxed for both classic and skate for 10 o’clock start. The club house will be open @ 9AM for waxing and help.
Tues/Thursday are skate days with the High school teams.

Please make cheques payable to Midland Ski Club. Thank you. Total Fee: _____

In consideration of your accepting this application, I, for myself, my heirs and assigns do hereby release Midland Ski Club, Mountain View Ski Hills, volunteers, organizers, sponsors, employees or property owners from any claim whatsoever arising from my participation in the program, or my use of the facilities and surrounding trails.

I, The undersigned athlete, wish to train with the Midland Nordic Snow Dogs team. I have read and understand the guidelines and am willing to make a total personal commitment to the team

Date: _____ Signature of Athlete: _____
Signature of Parent _____

Send Form and payment to:
Midland Ski Club c/o Tim Bourrie
331 Rose Cres
Midland ON L4R 5C1

Registration questions may be directed to:Tim Bourrie, 526-5351