



# Bridger Ski Foundation – Nordic Youth Ski League 2008 Registration Form

## SESSION

_____	Wednesdays Only	\$80
_____	Saturdays Only	\$90
_____	Both Days (Wed & Sat)	\$160

\_\_\_\_\_ I would like to be a YSL instructor. Please waive program fees.

## SKIER INFORMATION

Skier Name: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_  
 Number of years your child has skied: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate phone (cell, etc.): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## SKIER'S MEDICAL RELEASE

Parent hereby authorizes Bridger Ski Foundation and/their named coaches, and chaperones to secure any hospital, dental or surgical care, treatment and/or procedures for the above named competitor. Parent also consents that in the event of injury to the competitor, coaches, or chaperones can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the nearest hospital or emergency facility.

The coaches/chaperones shall notify at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parents specifically indemnifies and holds harmless Bridger Ski Foundation, coaches and chaperones from any and all costs arising out of such care, treatment and/or procedure.

\_\_\_\_\_  
 Parent/Guardian Signature Date  
 Insurance Coverage: Company: \_\_\_\_\_  
 ID #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## SKIER'S MEDICAL HISTORY

Allergies: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Other Medical Information: \_\_\_\_\_

**For registration forms or more information, go to [bsfnordic.com](http://bsfnordic.com)  
 or contact YSL Director Erich Pessl at [epessl@aol.com](mailto:epessl@aol.com)**

**Mail complete application packet:**  
 YSL Registration Form, BSF Membership Form, and Liability Release Form with payment  
 to BSF Office, P.O. Box 1243, Bozeman, MT 59771