



BCRD
BLAINE COUNTY
RECREATION DISTRICT

2012 BCRD Youth Nordic Skiing

2nd – 5th Grade

Favor de comunicarse con BCRD para obtener mas informacion y las formas de registro para Nordic skiing en espanol.

Get your 2nd – 5th graders outside after school this winter at the BCRD Youth Nordic Ski program at BCRD Quigley Nordic. Our team of experienced instructors will introduce them to the joys of Nordic skiing through a variety of fun games and activities on skis.

PROGRAM IS LIMITED TO FIRST 30 PARTICIPANTS.

DATES:

Mandatory Intro (w/parent): Wed, Jan 11 @ 3-4 p.m. BCRD Fitworks-Lrg. Studio/Community Campus

Skiing Days: Wednesdays, Jan 18 – Feb 15 @ 3-4:30 p.m. BCRD Quigley Nordic

Optional kids ski event: Papoose Club Quigley Cup kids race, Sat Feb 26

FEE: **\$85 per 6 six weeks of instruction.** Fee does not include rental skis and equipment is not provided. **Limited partial scholarships MAY be available for program fee.**
Locked storage in the yurt will be available for skis & poles.

TRANSPORTATION:

A dedicated school bus will transport your child from school to Quigley Nordic. Parents are responsible for picking up child promptly at the end of class at Quigley Nordic. **Transportation begins Wed, Jan 18.**

- YES-BUS NO-BUS
- YES-BUS NO-BUS
- YES-BUS NO-BUS

Bellevue Elementary Pick-up: 2:30 p.m. Bus #21
Woodside Elementary Pick-up: 2:40 p.m. Bus #21
Hailey Elementary Pick-up: 2:50 p.m. Bus #21

Child _____

CHECK TYPE OF SKIING PREFERED:

CLASSIC SKATE

CHECK LEVEL OF SKIING ABILITY:

NEVER SKIED BEFORE BEGINNER
 INTERMEDIATE ADVANCED

Male Female Date of Birth _____/_____/_____ Grade _____

Mailing Address _____ City _____ ST _____ Zip _____

Legal Guardians _____ Hm # _____ Cell # _____

Email (Coaches Contact) _____

Medical Information: Please list any medical problems, medications and/or allergies:

Parental Consent and Waiver: I hereby certify my child (ward) _____ is physically fit, has medical insurance and has been given consent to participate in the BCRD Youth Nordic Ski Program. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, instructors or agents cannot be held responsible and I do hereby waive, relinquish & release all rights to damages that may be sustained. This waiver also gives the BCRD Youth Nordic Ski Program permission to use photographs/video tapes of my child participating in the program for publicity purposes. Staff/Coaches have my permission to seek emergency medical treatment, if needed.

Parent/ Legal Guardian Signature _____ **Date** _____

YES! I WANT TO VOLUNTEER: ASSISTANT COACH

YES! I would like to make a donation to the BCRD Youth Nordic Ski Program \$_____.

Questions? Phone Janelle: 578-5453 • Fax: 788-2168 • www.bcrd.org

Office Use only

Amount Paid _____

Date _____

Staff Initials _____

Fee Statement

\$ 85.00 program/instruction fee

CODE: 086-4101