

Haliburton Highlands Cross Country Ski Club 11/12

Membership Form

Early bird rates PRIOR TO Dec 15th:

Individual: **\$105.00**

Family: **\$180.00** (2 adults + children under 19 yr. of age)

AFTER DEC 15TH- Please add \$10

Individual: **\$115** Family: **\$190**

Your membership includes:

Unlimited skiing on the Haliburton Nordic Trails, Moosewoods, and YMCA Wanakita trails. Mid-week group skiing, night skiing at Glebe Park. Club sponsored ski swap, 10% off any purchase at Haliburton Home Hardware by showing photo ski membership (in ski season only). Please note that there is no drop-box service this year, mail service only.

Name:

First _____ Last _____

Address: _____

City _____

Prov. _____

Postal Code _____

Phone Number _____

E-mail: _____

Choose one:

I have a photo I.D. (a new sticker will be provided)

I am a new member (Please enclose a passport sized photo of yourself and family members or attend the membership meeting)

Please contact me as a potential volunteer for:

- Jackrabbit instruction or supervision
- Race organization, support or officiating
- Trail work or club equipment work
- Leading ski outings

CLUB WAIVER

I hereby agree to abide by the rules and regulations of Cross Country Canada, Southern Ontario Division in accordance with the Association's rules, regulations and bylaws. In consideration of Cross Country Canada, Southern Ontario Division, Haliburton Highlands Cross Country Ski Club and Haliburton Nordic Trails Association, acceptance of me as a registered member of the Ski Club, and my being permitted to take part in Ski Club events, activities and games, I hereby, for myself, my heirs, executors, administrators and assigns, forever release, discharge and hold harmless Cross Country Canada, Southern Ontario Division, Haliburton Highlands Cross Country Ski Club and Haliburton Nordic Trails Association, its Directors, Employees, Representatives and Agents.

Date _____ **Signature** _____ (signed by parent if under 18)

Names of Family Members

Adults (All adults must sign this form)

1. _____
2. _____

Children (state age)

1. _____
2. _____

3. _____
4. _____
5. _____

Please send this form with a cheque to:

Joleen Thomas
15582 Hwy #35
ALGONQUIN HIGHLANDS,
ON
K0M 1J2
(705)489-4850

*for faster delivery please include a self addressed envelope.

You can save money by registering on-line!