



Bear Mountain Nordic Ski Association  
P.O. Box 21033, Dawson Creek, BC, V1G 4X8

**Youth Program Registration 2014**

**\$40.00 PER CHILD + MEMBERSHIP**

Date: \_\_\_\_\_ Type of Membership \_\_\_\_\_  
Name of Parents/Guardians \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work \_\_\_\_\_ Family Doctor: \_\_\_\_\_  
Cell \_\_\_\_\_ **Medical Conditions/Allergies:** \_\_\_\_\_  
Spouse Cell \_\_\_\_\_

**YOUTH #1**

First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
**BC Care Card Number:** \_\_\_\_\_  
Equipment [if using Club Equipment]: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Ski Length: \_\_\_\_\_ Boot Size: \_\_\_\_\_ Pole Length: \_\_\_\_\_  
Experience/Level of Skiing: \_\_\_\_\_

**YOUTH #2**

First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
**BC Care Card Number:** \_\_\_\_\_  
Equipment [if using Club Equipment]: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Ski Length: \_\_\_\_\_ Boot Size: \_\_\_\_\_ Pole Length: \_\_\_\_\_  
Experience/Level of Skiing: \_\_\_\_\_

**YOUTH #3**

First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
**BC Care Card Number:** \_\_\_\_\_  
Equipment [if using Club Equipment]: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Ski Length: \_\_\_\_\_ Boot Size: \_\_\_\_\_ Pole Length: \_\_\_\_\_  
Experience/Level of Skiing: \_\_\_\_\_

- Payment for Registration and Membership(s) must accompany this form
- All Club Waiver(s) and Acknowledgement Forms attached must be signed and attached.