

2011-2012
ANR Masters and Adult Winter Program
Information Sheet

Name: _____ Age: _____

Address: _____

Phone number: __home_____wk_____cell_____

E-mail: _____

Ability: _____

Goals for joining: _____

Tues. and Thurs.: 6:30-8pm

Schedule 1: December 6 – March 1	\$250.00
Schedule 2: January 3 – March 1	\$170.00
Punch Card: 10 sessions (pick your sessions)	\$120.00

Eagle River Masters & Adult Ski Program Liability Form

I, _____, choose to participate in the Eagle River Masters and Adult Ski Program.

I understand that I will be participating in an active program and will not hold Alaska Nordic Racing, their coaches and officers, and the Eagle River Parks and Recreation Department responsible in case of harm or injury for circumstances unknown.

Name

Date

Medical/Dental Release

I, _____, hereby authorize the coaches and other adult representatives of the Alaska Nordic Racing to obtain such medical or dental care for myself as the coach or adult representative deems necessary. This authorization shall remain in effect during my participation of the Eagle River Masters and all other activities incidental thereto. I agree to be responsible for the cost of such medical or dental care.

The following information is needed by any hospital or practitioner not having access to my medical history:

Emergency contact: _____ phone #: _____

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Other pertinent facts to which the physician should be alerted: _____

Medical insurance company: _____

Group policy number: _____

Dental insurance company: _____

Group policy number: _____

Signature

Date

Home phone: _____, Work number: _____