

**CROWSNEST PASS CROSS COUNTRY SKI ASSOCIATION**

P.O. BOX 550, COLEMAN ALBERTA, TOK OMO  
MEMBERSHIP APPLICATION AND INSURANCE WAIVER

**(1) MEMBERSHIP OPTIONS**

- (....) SINGLE= \$20.00
- (....) FAMILY=\$40.00 + \$5.00 FOR EACH CHILD UNDER 18
- (....) ASSOCIATE=\$20.00 (Non skiing membership)
- (....) DONATION \$ (\$20 or more is eligible for a tax receipt)

**TOTAL PAYMENT (....) Cheque (....) Cash (Check one)**

By becoming a member of the above Association, I wish to support the Allison Creek Cross Country Ski Trail System for non motorized use by members and the general public.

**(2) PROFILE**

Please print clearly and fill out for each member

	Member 1	Member 2	Member 3
First Name:			
Last Name:			
Address:			
City:			
Province:			
Postal Code:			
Country:			
Phone #:			
Email:			
Birthday: m/d/y			
Gender: m/f			
(3)Date:			
(4)Signature:			

**Date and signatures must be filled in for insurance purposes.**

Please use the back of this form or photocopy for additional members if required using above data lines.

Liability insurance is included for all categories of membership other than associate members who do not ski.  
**A signature is required for each member. Parent/guardian for members under 19 years of age.**

BY MY SIGNATURE I HEREBY AGREE to abide by all the Rules and Regulations of Cross Country Canada (hereafter called CCC), Cross Country Alberta (the applicable division, thereafter called the division) and to participate in the events, activities and programs sanctioned by CCC and the Division in accordance with the Association's Rules and Bylaws.

IN CONSIDERATION OF CCC, the Division and Crowsnest Pass Cross Country Ski Association acceptance of me as a registered member of the Association, and my being permitted to take part in the Association's events, activities and programs, I hereby, for myself, my heirs, executors, administrators and assignees, forever release, discharge, and hold harmless CCC and the Division and Crowsnest Pass Cross Ski Association, it's directors, officers, employees, representatives or agents. All waiver forms must be filled out completely, signed by each member and dated. All waiver forms are retained by the Club for a period of three (3) years.

Thank you for your membership and please mail this form with payment to the address above. Visit us at [www.allisonwonderlands.ca](http://www.allisonwonderlands.ca). Happy Trails!