



## 2016 Summer Nordic Training Program Registration Form

Please complete one form per participant/Athlete.

Please remember to complete your on-line CXC Membership/Insurance at: [www.cxcskiing.org](http://www.cxcskiing.org)

**Registration ends: June 15, 2016**

Athletes Name: \_\_\_\_\_

Athletes Age / Grade: \_\_\_\_\_

CXC Member Number: \_\_\_\_\_

Parent / Guardian Name and Contact Information:

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Your signature also guarantees you are a CXC member and have agreed to the Waiver and Release of Liability to CXC and Knicker Nordic.

Fee: \$75

Please make checks payable to: **Knicker Nordic** and mail to:

**Scott Anderson**  
**305 Sturgeon Eddy Road**  
**Wausau, WI 54403**