

2020 Summer Program

Athlete Name:	Age:
Athlete Address:	Birth Date:
Athlete Phone #:	
Athlete Email Address:	
Parents/Guardians Name:	
Parents/Guardians Email:	
Parents/Guardians Phone #'s:	
Activity and Fee:	
One Day a Week ~ Ages 10 to 14: \$70 - Wednesdays 9AM to 11AM	- Roller-skiing (6 Sessions)
Information on each program, dates and tim www.nordicnorthstars.com. Sessions start	
Assumption of Risk Release: I hereby release the sponsors, organi Events from all liability for any injury, death or damages. The risks i hiking and running, and the hazards of xc skiing, rollerskiing, biking forces of nature, including lightning and rapid weather changes; the hypothermia; and the physical condition and exertion associated wi Midnight Sun Events, its representatives and employees the right to above-identified activities. I authorize Midnight Sun, its assigns and and/or electronically.	nclude, among other things: skiing, rollerskiing, biking, , walking and running on uneven terrain, slips and falls; the erisk of exposure to insect bites; the risk of cold including th this activity. PHOTO AND VIDEO RELEASE: I grant to take photographs or videos of me in connection with the
Parental Signature:	Please return registration form and check to: Midnight Sun Events - Nordic North Stars P.O. Box 3315 Duluth, MN 55803
Date: I understand that this entry is non-refundable or exchangeable.	Email: info@nordicnorthstars.com Due: June 21st, 2020