

# New England Bill Koch Youth Ski League Membership Application

- for use by BKL-age skiers only

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Club Affiliation \*: \_\_\_\_\_

\* All NE BKL Clubs are NENSA Clubs

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## Additional BKL-age Family Members

(who want to become New England BKL members and share the same address.)

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ sex: \_\_\_\_\_

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ sex: \_\_\_\_\_

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ sex: \_\_\_\_\_

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## Dues Worksheet

Individual New England BKL Members ..... (num) \_\_\_\_\_ @ \$20 each = \$ \_\_\_\_\_

**TOTAL DUES** \$ \_\_\_\_\_

- \* Please return this BKL Membership Application form and check to your BKL Club leader.
- \* Individuals may send Membership Application form and check to:  
NENSA, Administrative Office,  
P. O. Box 99, Westford, VT 05494
- \* By joining the New England BKL, you have also joined NENSA – no further dues are necessary.
- \* For family members age 14 or older, the NENSA Membership Application form is enclosed, or may be accessed through the website, [www.NENSA.net](http://www.NENSA.net)
- \* BKL Membership Application can also be done on-line at [www.NENSA.net](http://www.NENSA.net) or [Active.com](http://Active.com)

**Catch us on the flip side! The Parent/Guardian who is signing up a BKL member must list each member and sign the Waiver and Release on the back of this page.**

**NEW ENGLAND NORDIC SKI ASSOCIATION  
WAIVER AND RELEASE OF LIABILITY**

In consideration for the rights and privileges associated with membership in the New England Nordic Ski Association, I acknowledge and agree to be bound by the following:

- 1. Identification of Risks.** I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross-country ski competitions and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inactions or negligence of myself or others.
  
- 2. Assumption of the Risk.** I agree that I am responsible for my safety while participating in activities associated with NENSA, and that such responsibility includes participation only a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.
  
- 3. Waiver.** Aware of the risks and willing to assume them, I hereby release and agree to hold harmless the New England Nordic Ski Association (NENSA), its officers, directors, employees, agents, coaches, trainers, doctors, officials, volunteers, affiliates, event organizers, sponsors, owners of property and trails used by me (Released Parties) from loss, injury, or death to myself or to any other person, or other damage to person or property resulting from my participation in events and competition and any related activities including, without limitation activities in connection with sponsorship, organization or execution of any event and travel to and from such event, whether I may participate as an athlete, coach, volunteer, spectator, or in any other manner associated with NENSA. This release is intended as a waiver of any claim I may have whether based upon negligence, breach of warranty, contract or other legal theory, against any of the above Released Parties, accepting myself the full responsibility for any such loss, injury, death or damage which may result. I intend for this release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect. This waiver does not release acts of gross negligence or willful and wanton misconduct of any party.
  
- 4. Insurance.** I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

Additional Family Members

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Athletes of Minor Age (this form will not be processed without parent/guardian signature)**

This is to certify that, as parent/legal guardian of this/these above named minor(s), I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions above.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to Club leader, or, if not affiliated with any club, return to:  
NENSA Administrative Office, P.O. Box 99, Westford, VT 05494**