



Whaleback Nordic Ski Club

Jackrabbit Program Registration 2017

Childs Name: _____ Age: _____

MCP : _____

Parent/Guardian Name: _____

Telephone # _____ Email:

Does your child have any allergies or other medical issues that the coaches should be aware of? Yes _____ No _____

If you answered yes, please state below the allergies/medical issues:

Volunteers are important to a successful Jackrabbit Program. If you are interested and can lend a hand in any of the areas below please indicate by placing a check mark.

_____ Preparing and serving hot chocolate after the ski session

_____ Being on telephone or communication list when/if a session is cancelled

_____ Coming out on the trail to lend a hand to the bunny rabbits and jackrabbit skiers

Do you give permission for Whaleback to use photos of your child/children on the Whaleback Website or newsletter? Yes _____ No _____

Parent/Guardian Signature _____