



NORDIC SKIING  
ASSOCIATION  
OF ANCHORAGE



BIB #

# 2010 Registration Form

Race Day - Sunday, February 7, 2010

10:30am - Classic Timed Wave ♦ 11:00am – Freestyle Timed Wave ♦ Noon – Untimed Party Wave

First Name		Last Name	
Address		City	State
Email address		Phone (      )	Age
<b>Race Category (Please check only one.)</b> <input type="checkbox"/> Duathlon - Solo <input type="checkbox"/> Classic- Solo <input type="checkbox"/> Freestyle - Solo (Ski both races <input type="checkbox"/> Classic-Two Friends <input type="checkbox"/> Freestyle-Two Friends Classic & <input type="checkbox"/> Classic-Two Relatives <input type="checkbox"/> Freestyle-Two Relatives Skate) <input type="checkbox"/> Classic-Mother/Daughter <input type="checkbox"/> Freestyle-Mother/Daughter <input type="checkbox"/> Classic-Team (3-10) <input type="checkbox"/> Freestyle- Team( 3-10)			<b>Wave Preference</b> <i>(Partners may ski in different waves. Select your wave based on how fast you ski.)</i> <input type="checkbox"/> Fast <input type="checkbox"/> Medium <input type="checkbox"/> Slow <input type="checkbox"/> Party Wave (untimed)
Partner Name <i>(Remember: Each participant must complete a separate registration form!)</i>			Want a partner assigned to you? <input type="checkbox"/> Yes, please pair me up.
Team Name <i>(Please be consistent on the team name.)</i>		Team Captain	
Do you have an interesting fact to share about yourself or your team?			
Have you participated in the Alaska Ski For Women before? <input type="checkbox"/> Yes, for ____ years		Volunteers are the key to the success of the Ski for Women. Can you help? You can volunteer at <a href="http://www.anchoragenordicski.com/skiforwomen">www.anchoragenordicski.com/skiforwomen</a>	

### Waiver - All racers must sign the below waiver before participating.

I know that cross-country skiing is potentially dangerous. Serious injury may occur up to and including death. I know that I should only participate in the Alaska Ski for Women because I have sufficient skill and training to safely participate. I assume all risks associated with these activities. Having read this waiver and knowing these facts and in consideration of your accepting my application, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and waive release and discharge the officials, administration, other participants, or any other or any other party associated with Nordic Skiing Association of Anchorage, and any and all sponsors, including their agents employees, assigned or anyone else acting on their behalf, form any and all claims of liability for death, personal injury, or property damage of any kind or nature whatever arising out of the course of my participation in the Alaska Ski for Women. This waiver extends to all claims of any kind or nature whatever foreseen or unforeseen, known or unknown. Media release: I will allow any photographs taken of me to be used for news articles or Alaska Ski for Women publicity.

Signature (Parent or Guardian must sign if Racer is under 18)

Date

**REGISTRATION FEES / DONATION:** Suggested donation \$25 per skier.  
100% of fees received are donated to support non-profit programs working to stop the cycle of domestic violence against women and children. Please give generously!  
Learn more at [www.anchoragenordicski.com/skiforwomen/grant\\_program.html](http://www.anchoragenordicski.com/skiforwomen/grant_program.html).

**DONATION AMOUNT:**

\$ \_\_\_\_\_

### MAKE CHECKS PAYABLE TO NSAA or USE YOUR CREDIT CARD (Visa or MC only)

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ 3 digit code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Billing Address (PRINT) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Office Use Only

Batch # \_\_\_\_\_

Amt. \_\_\_\_\_

Ck/Ref# \_\_\_\_\_

Mail or fax completed from to:

NSAA • 203 W. 15<sup>th</sup> Ave. #204 • Anchorage, AK 99501 • Fax 907-258-7609 • Phone 907-276-7609