



CROSS COUNTRY CANADA CLUB REGISTRATION FORM

SKI SEASON / INSURANCE YEAR: _____

CLUB NAME: _____
(Please Print)

PERMANENT CLUB ADDRESS: _____

Postal Code: _____ Website: _____

Number of registered participants Youth : _____ male _____ female
(may estimate numbers from last year)

Adults : _____ male _____ female

Number of certified active coaches:

Intro to Community Coaching: _____ male _____ female

Community Coaching: _____ male _____ female

Level I NCCP: _____ male _____ female

Level 2 NCCP: _____ male _____ female

Level 3 NCCP: _____ male _____ female

Number of active officials :

_____ Level 1 _____ Level 2 _____ Level 3 _____ not certified

Name of Club President/ Chairperson: _____
(Please Print)

Address: _____ Postal Code: _____

Phone #: (____) _____ Fax #: (____) _____ Email: _____

On behalf of the _____ Ski Club, I have read the CCC Insurance Manual and agree to the recommendations outlined, including the safety features and the requirement to have all club members and guests sign the appropriate Club Waiver or Participant Waiver upon application to the Club or Club activity.

Signature: _____ Date: _____
(Club Chairperson)