

THE FLYING SQUIRREL SKIATHLON

A Juniors Only Race

Saturday, March 7, 2020

Race Day Registration: 10am - 11:15am

Racing Begins 12 Noon

Test your skills & courage on the twisty, roller coaster trails of Crystal Mountain, including the iconic Flying Squirrel loop! You choose: full Skiathlon or 2 person Classic/Freestyle relay.

- **Michigan Cup High School Flying Squirrel Skiathlon**
Michigan Cup points awarded
You ski: 5k classic, change into skate gear in transition, ski 5k freestyle
- **Michigan Cup Middle School Flying Squirrel Skiathlon**
Michigan Cup points awarded
You ski: 2.5k classic, change into skate gear, ski 2.5k freestyle

OR

- **High School RELAY Flying Squirrel Skiathlon**
NO Michigan Cup Points Awarded
You ski: 5k classic, tag your partner in transition. They ski 5k freestyle
- **Middle School RELAY Flying Squirrel Skiathlon**
NO Michigan Cup Points Awarded
You ski: 2.5k classic, tag your partner in transition. They ski 2.5k freestyle

Will pair individual skiers with partner if needed.

COST IS \$10 PER SKIER

Equipment rental available for \$10. You must preregister and provide height, weight and shoe size.

Make checks payable to CCSC/Nordic

Mail to Tim Furbacher, Head Coach

731 Leelanau Avenue, Frankfort, MI 49635

Awards to all finishers and top 3 in each race

Pizza and more around a roaring bonfire post-race

Parking: Art Park on Mountain Side Drive or at Tennis Courts/Driving Range on Mountain Center Rd.



CRYSTAL NORDIC PRESENTS



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Saturday | March 7 | 2020

Crystal Mountain



SPONSORED BY
MUNSON HEALTHCARE
Paul Oliver Memorial Hospital



**THE FLYING SQUIRREL SKIATHLON
2020 REGISTRATION FORM
PLEASE PRINT CLEARLY**

Name: _____

Age: _____ Grade: _____

Ski Team: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

E-mail: _____

Signature: _____

Date: _____/_____/_____

Ski Rental Information: (Yes / No)

Weight _____ Shoe Size _____ Height _____

Choose Your Race:

- High School Skiathlon 5k Classic/5k Free
(Michigan Cup Points Awarded)
- High School RELAY
 - I have a partner- Name _____
 - I NEED a partner _____
- Middle School Skiathlon
(Michigan Cup Points Awarded)
- Middle School RELAY 2.5k Classic 2.5k Free
 - I have a partner- Name _____
 - I NEED a partner _____

COST IS \$10 PER SKIER

Make checks payable to CCSC/Nordic

Mail to Tim Furbacher, Head Coach

731 Leelanau Avenue, Frankfort, MI 49635

Race Official Use Only:

Start Time: _____ Group #: _____

Racer #: _____

DISCLAIMER & WAIVER

FLYING SQUIRREL SKIATHLON, FEBRUARY | 2020

In consideration for my or the minor's participation in the Flying Squirrel Skiathlon, I hereby expressly assume any and all risks involved with participation in the event. I further agree to release, hold harmless, indemnify and defend Crystal Mountain and Crystal Community Ski Club, its agents and all persons/companies officially connected with this event from any and all claims for personal or property damages arising from or related to my or the minor's participation in the event. I or the minor will participate in this event as a skiing entrant and i or he/she is physically able to participate. I grant full permission to Crystal Mountain and all persons/companies officially connected to the event to use my likeness and name for sponsorship, newsworthy and/or advertising purposes if taken while participating in this event. I consent to and authorize the taking of photographs and/or videos during my or the minor's visits to Crystal Mountain. I also grant permission to Crystal Mountain and its agents or employees to use said photographs and/or videos in advertising, displays, web sites, brochures, other forms of electronic media, illustrations or publications without notifying me. I hereby waive any and all rights to privacy in the photographs/videos and to compensation related to the use of the photographs and or videos.

(Initial here _____).

Name of Participant (*please print*)

Signature of Participant

Date: _____

If participant is a minor, name of parent Or guardian
(*please print*)

If Participant is a Minor, Signature of Parent or Guardian

Date: _____

Please Return this Portion with Payment. Thanks.



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