



www.NordicSkiRacer.com/Team

MEMBERSHIP TYPE

- \$10 - Individual Member
- \$16 – Family Member

PAYMENTS

Complete form, print* and send with check made to:

Team NordicSkiRacer
 1060 Yorick Path
 Wixom, MI 48393

*You can also save the completed form and email it to the email address below.

ACTIVITIES

- Workouts, clinics, races
- Social events
- Junior ski program
- Frosty Fest race weekend
- Car pooling
- Registration in Michigan Cup series
- The camaraderie of your fellow teammates!

MICHIGAN CUP RACING

Every time you race in a Michigan Cup race, Team NordicSkiRacer also gets points. Points are given to all finishers and every point counts! You can help the Team win the overall Michigan Cup and Brumbaugh Cup!

QUESTIONS?

Mike Muha
Team@NordicSkiRacer.com
 248-535-9351

Membership Form	
Primary Member	Name _____ Birth data (M/D/Y) _____ <input type="checkbox"/> M or <input type="checkbox"/> F Email address _____ Street address _____ City/State/Zip _____ Best phone # _____ Plan to race in one or more Michigan Cup races? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Additional Household Family Member	Name #2 _____ Birth data (M/D/Y) _____ <input type="checkbox"/> M or <input type="checkbox"/> F Email address _____ Street address _____ City/State/Zip _____ Best phone # _____ Plan to race in one or more Michigan Cup races? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Name #3 _____ Birth data (M/D/Y) _____ <input type="checkbox"/> M or <input type="checkbox"/> F Email address _____ Street address _____ City/State/Zip _____ Best phone # _____ Plan to race in one or more Michigan Cup races? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Name #4 _____ Birth data (M/D/Y) _____ <input type="checkbox"/> M or <input type="checkbox"/> F Email address _____ Street address _____ City/State/Zip _____ Best phone # _____ Plan to race in one or more Michigan Cup races? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Name #5 _____ Birth data (M/D/Y) _____ <input type="checkbox"/> M or <input type="checkbox"/> F Email address _____ Street address _____ City/State/Zip _____ Best phone # _____ Plan to race in one or more Michigan Cup races? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

I hereby release the Team NordicSkiRacer, its agents, representatives and members from any and all claims or rights to damages for any injuries or losses incurred by me or my family directly or indirectly during my/our participation in any club sponsored events, races, clinics, trail work, ski or exercise sessions or any other club-related activities. I understand that cross country skiing can be a potentially dangerous activity. This waiver must be signed by all adult members joining Team NordicSkiRacer. This waiver applies to the person or persons signing and minor members listed above.

Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____