

# TOWN OF GREENFIELD 2017/2018 BROOKHAVEN NORDIC SKI PROGRAM



1. Fill out paperwork.
2. Program available for ages K-7.
3. Include your payment of \$20.00. Checks should be made to Town of Greenfield.
4. Drop off at the Town Hall to Rebecca Sewell by December 4<sup>th</sup>.
5. There will be limited gently used equipment distributed on a first come/first serve basis.



**Winter Registration Form**  
**Winter 2017**  
**TOWN OF**  
**GREENFIELD**  
**NORDIC SKI**

The program will take place at the Brookhaven Golf Course on Mondays starting on December 4<sup>th</sup> from 5:45 – 6:30. The program will run for approximately nine weeks and will be coached by Chris Yarsevich (as well as other volunteers). It is available to children in grades K-7.

Registration Fee: \$20 per child / \$10 each additional child  
 (Make Checks Payable to the **TOWN OF GREENFIELD**)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ years Grade Entering in September 2017 \_\_\_\_\_

Nordic skiing experience: yes \_\_\_\_\_ no \_\_\_\_\_

Name of Parents/Guardians (Print) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

\*\*\*\*\*  
 As parent or legal guardian, I give full consent for the above named participant in the Greenfield Nordic Ski Program. To my knowledge, he/she has no known disability, illness, or disease which may endanger his/her safety or the safety of others. I understand that the program is provided for a minimum charge for the education of the youth. I further release the Town of Greenfield, its officers, officials, property owners, coaches, referees, any volunteers, and other program participants or their families from liability as a result of personal and/or property damage incurred while participating in the soccer program

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
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Please mail the Fee, Registration and Medical Authorization Forms to:  
**Town of Greenfield Recreation Director**  
**PO Box 10**  
**Greenfield Center, NY 12833**

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 Parent volunteers are always needed. Please volunteer if you can! It's a great way to spend time with your child!

Name of Volunteer \_\_\_\_\_

# AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

I, Being the parent or legal guardian of the above minor do hereby appoint  
The Town of Greenfield Nordic Ski Program  
(OR) Authorized Physicians of Hospital  
to act on my behalf in authorizing emergency medical, dental, or surgical care and  
hospitalization for the above named minor during the period(s) of my absence.

This document will be presented to a physician, dentist, or appropriate hospital representative at such time  
as emergency, dental, surgical or hospitalization may be required.

## **Parent/ Guardian**

Name (print) \_\_\_\_\_ (Signature) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date \_\_\_\_\_

## **HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR**

Name of Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Member Number \_\_\_\_\_

Family Physician (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

Last Tetanus Toxoid Booster \_\_\_\_\_

Other Pertinent Medical Information (i.e. glasses, contact lenses) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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