



# HUNTLY NORDIC SKI CLUB

[www.nordicski.co.uk](http://www.nordicski.co.uk)



Kindly sponsored by RiserTec Ltd,  
Independent Engineering Design  
Consultancy

## Youth Ski Club S1 - S4

Thursday 6.30 - 7.30 pm

Cost £16.00 for 8 week block

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Huntly Nordic & Outdoor Centre

29 October	26 November
5 November	3 December
12 November	10 December

19 November 17 December

### All equipment provided

#### CLOTHING LIST

Waterproof Jacket

Waterproof Trousers (in wet weather)

Layers of thin stretchy clothing (preferably not cotton)

Gloves and Hat

For further information, please contact Eileen Cosgrove, Club  
Coach, Huntly Nordic Ski Club [tout.tele@vodafoneemail.co.uk](mailto:tout.tele@vodafoneemail.co.uk)

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### Registration

Name \_\_\_\_\_ Age \_\_\_\_\_

Shoe Size \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Shoe Size \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel \_\_\_\_\_ Tel \_\_\_\_\_

E-mail \_\_\_\_\_

nature of the activity to be undertaken and I consider my child fit to take part.

- I hereby consent to the submission of the below named to emergency medical or surgical treatment including the administration where necessary of a local, general or other anaesthetic.
- I also agree to take responsibility in respect of any, loss, damage or injury occurring, which is directly attributable to his/her misbehaviour or disobedience.



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[www.risertec.com](http://www.risertec.com) 01224 330520

### PARENTAL CONSENT FORM

- I have read the information issued concerning this activity. I understand the

EMERGENCY  
CONTACT  
NAME:

TEL NOS:

DOCTOR'S  
NAME:

TEL NO:

ADDRESS:

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Please circle the following as appropriate, indicating any conditions that affect your child.

ASTHMA      ALLERGY (specify)      RECENT SURGERY      OTHER

Give further information as appropriate:

NAME (Parent / Guardian):

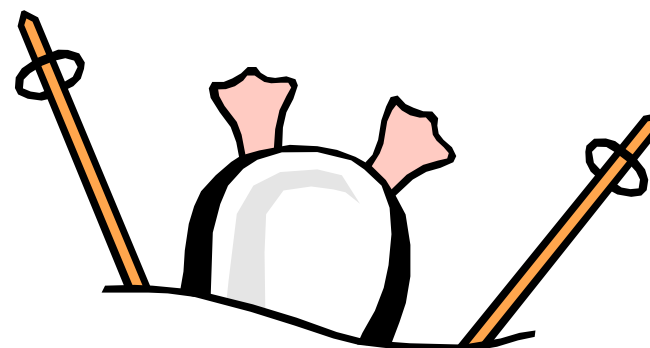
(Block capitals)

SIGNED:

DATE:

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## Youth Ski Club

S1 - S4

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