



## **RACE PROGRAMS**

**Race Program Director- Ron Lawrence**

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**Development Team-**The focus of the “Development” Team will be on beginning racing techniques and training. Skiing fundamentals and developing a strong foundation will be emphasized. All beginning racers should be able to ski/board and ride the lifts by themselves. They should be able to perform simple turning and stopping techniques. The Development Team is geared for children ages 6 thru 12 years of age. The Development Team will practice on Saturday mornings from 9:30 AM-12 Noon and 1 PM – 3 PM. This program will encourage each racer to participate in locally sponsored races at Norway Mountain, called the Junior World Cup Races on specified Saturdays throughout the winter. Development Team Members may attend Christmas Camp morning training sessions.

***Program Cost: \$100 for Morning and/or Afternoon Sessions***

***Practice Times: Saturday Mornings (9:30 AM-12 NOON) and/or Saturday Afternoons (1 PM-3 PM)***

**“C” Team-** This program is for high school age racers and advanced skiers ages 10 to 18 year old who are looking to get a competitive edge by training on weekends and during the Thanksgiving and Christmas Holidays. This program is formed to challenge each racer to become better fundamentally and to gain a better understanding of race tactics and techniques. These racers will be encouraged to participate in CEC Challenge Races at Norway Mountain. We are also looking doing some regional races with other ski teams.

***Program Cost: \$220 (deduct \$100 if athlete had a sponsor team for the TEAM NORWAY golf outing)***

***Practice Times: Saturday and Sunday from 8:30 AM – 10:30 AM & 1 PM – 4 PM***

**“B” Team-** This program is designed for the USSA racer who is interested in being coached and trained during the weekends. This racer will receive coaching at all Region II events and travel to a number of various events that will be scheduled during the season. The overall goal for this program will be for each athlete to increase his/her skiing fundamentals, along with increased understanding of race tactics and techniques. These athletes are working toward making the U.S. Junior Olympic Team.

***Program Cost: \$320 (deduct \$100 if athlete had a sponsor team for the TEAM NORWAY golf outing)***

***Practice Times: Saturday and Sunday; Times will vary due to each racer’s schedule.***

**“A” Team-** This program is for our top racers. The “A” Team is an honor team that racers qualify for by making the Mid-AM FIS Series, winning a High School meet, making the State of Michigan or Wisconsin All-State Team, and/or by winning a medal at the USSA Junior Olympics. These racers are our top-level racers who train weeknights and weekends. A lot of travel is involved and a high level of commitment is required to ski at this level. Many in this program are working towards a goal, such as skiing at the collegian level and/or making the U.S. Ski Team. Racers will be of top ability level.

***Program Cost: N/A– This is a team that all racers try to achieve during their season.***



**MEMBERSHIP APPLICATION**  
*(Registration Payments due November 25<sup>th</sup>)*

SKI RACER'S NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

YEAR OF BIRTH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I hereby release TEAM NORWAY, INC., Coaches, Norway Mountain Ski Resort, and any person(s) connected with the program for any injuries or damages from my minor son/daughter or from my participation in this program. I give the coaches of TEAM NORWAY, INC. permission to obtain medical aid for my son/daughter in case of injury or illness. It is understood that every effort will be made to contact me if medical attention becomes necessary.

ATHLETE'S NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE SELECT A PROGRAM TO PARTICIPATE IN:**

➤ **DEVELOPMENT TEAM**      \$100

Please circle:

▪ **All Day Program**    OR    **Half-A-Day Program**

➤ **C TEAM**      \$220      \_\_\_\_\_ (deduct \$100 for golf outing sponsor; please list \_\_\_\_\_)

➤ **B TEAM**      \$320      \_\_\_\_\_ (deduct \$100 for golf outing sponsor; please list \_\_\_\_\_)

**Please Indicate Preferred Team Affiliation**  
*(What team will be stated on USSA and other race registration forms)*

**TEAM NORWAY**

**(other)** \_\_\_\_\_

**PAYMENT METHOD: (CIRCLE ONE)**      **CREDIT CARD\***      **CHECK**

*\*CREDIT CARD PAYMENTS WILL BE CHARGED A \$5 HANDLING FEE.*

**MASTERCARD**      **VISA**      **NUMBER:** \_\_\_\_\_

**CARD EXPIRATION DATE:** \_\_\_\_\_      **SIGNATURE OF CARDHOLDER:** \_\_\_\_\_

**SEND FORMS (Membership & Release of Liability—one each per athlete) AND CHECKS TO:**

**TEAM NORWAY**  
*c/o Karen Hicks*  
**P.O. Box 44**  
**Norway, MI 49870**

**TEAM NORWAY**

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY - READ CAREFULLY BEFORE SIGNING**

I know and understand that skiing in its various forms, as well as preparation for participation in, coaching, volunteering, officiating and related activities in alpine competitions and clinic (all of which are hereinafter collectively referred to "Activities), involve many **RISKS, DANGERS and HAZARDS**. These risks, dangers, and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, being struck by skiers or equipment, and exceeding my own abilities. I further understand that ski training and competition involve performance at the limits of one's abilities and therefore are more hazardous than recreational skiing. I understand that **INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURANCE**. I know that the risk of **SEVERE INJURY** and even **DEATH** exists in all training and competition locations and activities, including free skiing. I also know that personal training, coaches, instruction, supervision and enforcement of rules by Team Norway, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors, and representatives, local ski clubs, competition organizers, and sponsors, and ski facility operators (hereinafter the term "Team Norway" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

With full knowledge and understanding of the **RISK OF SERVE INJURY AND DEATH** involved in ski training and competition, **I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instruction or the advice of Team Norway.

In partial consideration of Team Norway acceptance of my membership application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter "Member") agrees to comply with and be bound by the following terms at all times, whether training or practicing for competition or in competition.

1. Member agrees never to utilize any run, course, or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the run, course or facility.
2. Member hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND AND INDEMNIFY TEAM NORWAY (as defined above) FROM ANY CLAIMS**, present or future, to Member or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including death), suffered by any person from or in connection with Member's participation in any Activities in which Team Norway is involved in any way, due to any cause whatsoever, **INCLUDING NEGLIGENCE** and/or breach of express or implied warranty in the part of Team Norway. Member's sole remedy in the event of any injury shall be compensation for medical expenses under the Team Norway secondary accident insurance program (unless Member waives such coverage by executing a Medical Exception Agreement)
3. Member hereby **RELIEVES TEAM NORWAY OF ANY DUTY TO PROTECT MEMBER FROM HARM** in connection with any Activities in which Team Norway is involved in any way.
4. Member authorizes Team Norway to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of Team Norway, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall indemnify Team Norway of and from any such costs.
5. This agreement shall be construed in accordance with, and governed by the substantive law of, the State of Michigan, without reference to principles governing choice or conflicts of laws. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

**HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, MEMBER SIGNIFIES HIS ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:**

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR MEMBERS**

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns. I intend to give up my right, the Member's right and the right of any other parent or guardian to maintain any claim or suit against Team Norway arising out of the Member's participation in any Activities involving Team Norway in any way, I believe and represent that **I HAVE LEGAL AUTHORITY TO MAKE THESE AGREEMENTS, REPRESENTATIONS, WAIVERS, AND RELEASES, AND I AGREE TO DEFEND AND INDEMNIFY TEAM NORWAY** from and against any and all liability arising out of any lack of authority on my part to legally bind the Member, or any unenforceability for any reason of the above agreement, representations, waivers and release made by or on behalf of the Member.

**PARENT OR GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

***\*THIS FORM MUST BE COMPLETED FOR EACH ATHLETE PRIOR TO TRAINING!  
PLEASE INCLUDE IT WITH REGISTRATION FORMS.***