



**Summer Youth Training Program 2008
ATHLETE INFORMATION FORM
www.duluthxc.com**

Name:

Age & grade in Fall 2008:

Phone number (home, mobile):

Home address:

Email address:

Parents' name(s):

School you attend:

Have you been on a Nordic ski team and if so, for how many seasons?

Please circle which of the following equipment you have:

Rollerskis (skate, classic or combi?) Road bike Mountain bike Roller blades

Please circle which training session you plan to attend:

Morning (7—9am Mon/Wed/Thurs) Afternoon (5—7pm Mon/Tues/Thurs)

What sports have you participated in during the past school year? (school or non-school team, or on your own)

Please send this form, along with the Parental Permission Form/Waiver and a check for \$75 made out to the **Duluth XC Ski Club** to:

DXC Summer Youth Program
1346 W. Arrowhead Rd. PMB 344
Duluth, MN 55811

Reminder, enclose: Athlete Information Form
Parental Permission Form/Waiver
\$75 check made out to Duluth XC Ski Club

Registrations must be mailed no later than Friday, May 30