

CAROLINA ORIENTEERING KLUBB

Meet Registration Form

Name: _____ Age: _____ M () F ()

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ E-Mail: _____

Meet Location: _____ Date: _____

Car License No: _____ State: _____ (Required to aid with lost personnel)

Finger Stick S/N: _____
(if applicable)

Names of Other Orienteers Sharing Map or Registering on this form (use back of page for more room)

Fee (per map):		Quantity	
Members (check one: <input type="checkbox"/> COK <input type="checkbox"/> USOF <input type="checkbox"/> Scouts)	\$5.00	X (_____)	\$ _____
Non-members	\$7.00	X (_____)	\$ _____
Compass Rental	\$1.00	X (_____)	\$ _____
Finger Stick Rental (Electronic Punch) (Deposit Required for e-punch)	\$2.00	X (_____)	\$ _____
	TOTAL:		\$ _____ =====

WAIVER OF LIABILITY:

I, the undersigned, know that Orienteering, as an outdoor action sport, carries significant risks of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks, which, in combination with my action, can cause me serious, or possibly even fatal, injury. I agree that I, as a participant, must take an active role in understanding and accepting these risk, conditions, and hazards. I also agree that I, and not the organizers of this event, the Carolina Orienteering Klubb, the land owners or managers, or any sponsors, am responsible for my safety while I participate in this event.

Signature(s): _____ Date: _____

If under 18 years of age, signature of parent, legal guardian, or adult leader:

Signature: _____ Date: _____

Make checks payable to:
*Bring check/cash and this form with you
on the day of the Meet.*

Carolina Orienteering Klubb (COK)
P.O. Box 220362
Charlotte, NC 28222

Amount Due \$ _____ (from TOTAL above)