

# 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)	\$5.00 X (_____) \$ _____
Scouts, ROTC	\$6.00 X (_____) \$ _____
Non-members	\$8.00 X (_____) \$ _____
Compass Rental	\$1.00 X (_____) \$ _____
Finger Stick Rental (Electronic Punch) (Deposit Required for e-punch)	\$2.00 X (_____) \$ _____
	<b>TOTAL: \$</b> =====

**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 or cash and this form with you  
on the day of the Meet.

**Carolina Orienteering Klubb (COK)**  
**P.O. Box 2057**  
**Huntersville, NC 28070-2057**

Amount Due \$ \_\_\_\_\_ (from TOTAL above)