



**World Championship Team Trials
 Junior World Championship Trials
 Minnesota Cup #1,2**

Dec 12-22, 2009

Mt. Itasca, Coleraine, MN

Sponsored by Mount Itasca Nordic Ski Association

Event schedule

Thu. Dec. 10	10:00am - 2:00 pm	Team Arrival Unofficial Training
Fri. Dec. 11	10:00 pm - 1pm 11:00 pm - 2:00 pm 5:00 pm	Official Training Registration - Mt. Itasca Biathlon Headquarters Coaches Meeting – Sawmill Inn Election of Juries, Draws for Sprint Competition
Sat. Dec. 12	9:45 am - 9:55 am 9:30 am - 10:00 am 10:00 am - 10:45 am 11:00 am 1:00 pm	Opening Ceremonies Registration Zero Sprint Competition Flower and Award Ceremony
Sun. Dec. 13	10:00 am - 10:45 am 11:00 am 1:00 pm	Zero Mass start Competition Flower and Award Ceremony
Thu. Dec.17	10:00 am - 2:00 pm	Unofficial Training
Fri. Dec. 18	10:00 am - 12:00 pm 5:00 pm	Official Training Coaches Meeting
Sat. Dec.19	10:00 am - 10:45 am 11:00 am 1:00 pm	Zero Sprint Competition Flower Ceremony
Sun. Dec.20	10:00 am - 10:45 am 11:00 am 1:00 pm 6:00 pm	Zero Pursuit Competition Flower Ceremony Banquet & Award Ceremony – Sawmill Inn
Mon. Dec. 21	10:00 am – 12:00 5:00 pm	Official Training Coaches meeting – Sawmill Inn

Tues. Dec. 22	9:00 am – 9:45 am	Zero
	10:00 am	Sprint Competition
	12:00 am	Flower Ceremony
	3:00 pm	Announcement of the World Team

Changes to format will be posted at www.minnesotabiathlon.com

Travel: Grand Rapids/Coleraine area is 180 miles north of the Minneapolis/St. Paul, about 3½ hours of driving time; 75 miles NW of Duluth, and 300 miles S of Winnipeg.

Directions: From downtown Grand Rapids, take Hwy 169 North, traveling east out of Grand Rapids to Coleraine, about 6 miles. When entering Coleraine, turn left at Curly Ave – follow the Ole N. Mangseth Ski Jump signs. Go past the arena, left on Cty Rd 61 for ½ mile. Turn left into the Mt. Itasca driveway – stay left at the Y.

Housing: Group rates for team accommodations can be made at the Sawmill Inn, 2301 Pokegama Ave S. (Hwy 169 S), Grand Rapids. www.sawmillinn.com, (800) 667-7508, (218) 326-8501. Limited rooms are available: please refer to “Biathlon Rate” when making reservations.

For other hotel accommodations: contact the Grand Rapids Convention & Visitors Bureau, 218-326-9607, 1-800-355-9740 or
<http://www.visitgrandrapids.com/vacations/lodging/motels/index.html>

Entry Fee:

World Team Trials (12/12-12/22):

\$150.00 (U.S. Dollars) for 5 races (incl. banquet), \$30.00 (U.S. Dollars) for 1 race

Junior World Championship Trials (12/19-12/22):

\$100.00 (U.S. Dollars) for 3 races (incl. banquet), \$30.00 (U.S. Dollars) for 1 race

Minnesota Cup (12/12-22): Seniors/Masters \$25 per race.

Junior/Youth/Boys/Girls \$30.00 (U.S. Dollars) for 2 races, \$20.00 (U.S. Dollars) for 1 race

Trail Fee : Unofficial training \$6.00/day

Registration: Please complete Competitor Entry Form, with registration fee (U.S. Dollars) and mail to:
Mt. Itasca Nordic Ski Association
P.O. Box 813
Grand Rapids, MN 55744

All competitors are required to be USBA or Biathlon Canada members in order to participate in races.

Membership information for USBA is available at www.usbiathlon.org

Registration with check (U.S. Dollars) due by December 4, 2009

Coaches should also include a team entry form (attached).

For further race information, contact:

Petra Cervenkova, Race Secretary, pcervenkova@hotmail.com 218-999-5046 home, 218-256-8938 cell

Vladimir Cervenka, Chief of Competition, cervenkv@gmail.com, 218-256-8323 cell

Piotr Bednarski, Technical Delegate: MNbiathlon@aol.com, 952/237-0765 cell

Hotel, travel information: www.visitgrandrapids.com 218-326-9607, 1-800-355-9740

MN Biathlon www.minnesotabiathlon.com

U.S. Biathlon Association www.usbiathlon.org



Competitor Entry Form

World Team Trials Junior World Championship Trials Minnesota Cup #1,2

Dec 12-22, 2009

Pre-registration with payment due December 4, 2009

Last Name: _____ First Name: _____ Sex: M / F

Address: _____ City: _____ State: ___ Zip _____ Country _____

Email: _____ Phone: _____ Birth date: ___/___/___ Age: _____

USBA: or Biathlon Canada #: _____ Club or Team: _____

Emergency Contact: _____ Phone: _____

Staying in Grand Rapids area at: _____ Phone: _____

Race:

- Sprint – Saturday, Dec. 12 Mass Start – Sunday, Dec. 13
- Sprint – Saturday, Dec. 19 Pursuit – Sunday, Dec. 20 Sprint – Tuesday, Dec. 22

Class/Age:

- Men /open Women / open
- Junior men: 19-20 years Junior women: 19-20 years
- Youth men: 17-18 years Youth women: 17-18 years
- Boys: 14-16 years Girls: 14 -16 years
- Masters Men Masters Women

Entry Fees:

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Junior World Championship Trials (12/19-12/22) \$100.00 (U.S. Doll) for 3 races \$30.00 for 1 race
Minnesota Cup (12/12-22) Juniors/Youth/Boys/Girls \$ 30.00 (U.S. Doll) for 2 races \$20.00 for 1
Minnesota Cup (12/12-22) Seniors/Masters \$ 25 per race

Total amount enclosed: \$ _____ U.S. Dollars. Checks payable to Mt. Itasca Nordic Ski Association.

Please enclose payment with registration form. Mail to: **Mt. Itasca Nordic Ski Association,
P.O. Box 813
Grand Rapids, MN 55744**

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, _____, know that biathlon, consisting of Nordic skiing and rifle marksmanship, involves risks of serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of risk. I agree that I am responsible for my safety while participating in biathlon training and competition. I assume all risks, both known and unknown, connected with my participation.

Waiver. Being aware of the risks and willing to assume them, I waive, release and hold harmless Mount Itasca Nordic Ski Association, Minnesota Biathlon, Biathlon Community Development Programs, United States Biathlon Association, Mount Itasca Ski and Outing, City of Coleraine, their affiliate clubs, volunteers, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in biathlon training and competition. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain through ht time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone from providing it for me. I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

_____ Date _____
Participant's signature

For Participants under age 18:

I consent to the above person's participation in biathlon training and competitions. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

_____ Date _____
Parent/guardian's signature



**Team Entry Form (for Coaches)
World Championships Team Trials**

