



Junior/Youth World Team Trials Minnesota Cup #4,5,6
Dec 29-31, 2017

Mt. Itasca, Coleraine, MN

Sponsored by Mount Itasca Nordic Ski Association

Tentative Event schedule

Wed., Dec. 27	10:00 am - 2:00 pm	Team Arrival Unofficial Training
Thu., Dec. 28	10:00 am - 12:00 pm 10:00 am - 11:30 am 5:00 pm	Official Training <i>Registration (Junior/Youth World Team Trials, MN Cup)</i> - Mt. Itasca Biathlon Headquarters Coaches Meeting - Mt. Itasca Biathlon Headquarters Election of Juries, Draws for Sprint Competition
Fri., Dec. 29	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 <i>Registration (MN Cup)</i> - Mt. Itasca Biathlon Headquarters Zero Sprint Start Cliff Bar Ceremony
Sat., Dec.30	9:30 am – 10:00 am 10:00 am - 10:45 am 11:00 am 1:00 pm 6:00 pm	<i>Registration (MN Cup)</i> Mt. Itasca Biathlon Headquarters Zero Pursuit Format Competition Cliff Bar Ceremony Banquet and Award Ceremony - TBA
Sun., Dec. 31	8:30 am - 9:00 am 9:00 am - 9:45 am 10:00 am 12:00 pm	<i>Registration (MN Cup)</i> Mt. Itasca Biathlon Headquarters Zero Sprint Start Cliff Bar Ceremony

Category	SPRINT RACE Friday, Dec.29, 2017	PURSUIT Saturday, Dec.30, 2017	SPRINT RACE Sunday, Dec.31, 2017
Men, Masters Men Junior /Youth Men	10 K	10 K	7.5 K
Women, Masters Women, Junior/Youth Women	7.5 K	10 K	6 K
Boys /Girls	6 K	7.5 K	6 K

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.

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: [Sawmill Inn](http://www.sawmillinn.com)
www.sawmillinn.com
2301 S Highway 169
Grand Rapids, MN 55744
(218) 326-8501
(800) 235-6455, (800) 667-7508

[Timberlake Lodge, Hotel, Event Center & Grand Splash Waterpark](http://www.timberlakelodgehotel.com)
www.timberlakelodgehotel.com
144 SE 17th Street, 1 block from Highway 169
Grand Rapids, MN 55744
(218) 326-2600
(866) 800-2200

For more 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: **Junior/Youth World Team Trials (12/29-12/31, 2017):**
\$120.00 for 3 races (incl. banquet)

MN Cup (12/29-31, 2017):
\$60.00 for 3 races, \$20.00 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
825 SW 7 Ave
Grand Rapids, MN 55744

*All competitors are required to be USBA 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 28th, 2017
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
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
Junior/Youth World Team Trials, MN Cup #4,5,6; Dec 29-31, 2017
Pre-registration with payment due December 28, 2017

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

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

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

USBA #: _____ Club or Team: _____

Emergency Contact: _____ Phone: _____

Staying in Grand Rapids area at: _____ Phone: _____

Race:

- Sprint – Friday, Dec.29
- Pursuit – Saturday, Dec. 30
- Sprint – Sunday, Dec. 31

Class/Age:

- | | |
|--|--|
| <input type="checkbox"/> Men /open | <input type="checkbox"/> Women / open |
| <input type="checkbox"/> Junior men: 19-20 years | <input type="checkbox"/> Junior women: 19-20 years |
| <input type="checkbox"/> Youth men: 17-18 years | <input type="checkbox"/> Youth women: 17-18 years |
| <input type="checkbox"/> Boys: 14-16 years | <input type="checkbox"/> Girls: 14 -16 years |
| <input type="checkbox"/> Masters Men | <input type="checkbox"/> Masters Women |

Entry Fees:

- Junior/Youth World Team Trials (12/29-12/31, 2017)** \$120.00 for 3 races (incl. banquet)
Minnesota Cup (12/29-31, 2017) \$60.00 for 3 races \$20.00 for 1 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,***
825 SW 7 Ave
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 the 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)
Junior/Youth World Team Trials Minnesota Cup #4, 5, 6

Dec 29-31, 2017

Pre-registration with payment due December 28, 2017

Team: _____ Coach: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Location where team will be staying: _____

Name (First & Last)	Category	Friday 12/29 (Y or No)	Saturday 12/30 (Y or No)	Sunday 12/31 (Y or No)

Release: In consideration of the acceptance of this Team, I, for myself and all of the above-listed Team Members, my executers, administrators and assigns, do hereby release and discharge Mt. Itasca Nordic Ski Association, Mt. Itasca Ski and Outing Club, MN Biathlon, U.S. Biathlon Association, Mount Itasca biathlon sponsors, City of Coleraine, MN, and any other sponsors or volunteers from all claims or damages, actions whatsoever in any manner growing out of my participations in said athletic events. I further attest that all of the above-listed Team Members have signed similar release forms covering their participation in all Team events, including these competitions. I attest and verify that I have full knowledge of the risks involved in this event ant that the Team Members are physically fit and sufficiently trained to participate in this event.

 (Coach's signature) Date _____