

Junior/Youth World Championship Trials
Minnesota Cup # 4, 5, 6
Dec 29-31, 2006
Mt. Itasca, Coleraine, MN



Sponsored by Mount Itasca Biathlon Association

Tentative Event schedule

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|---------------|--|---|
| Wed. Dec 27 | 10:00 am - 4:00 pm 2:00 pm - 4:00 pm | Team Arrival Unofficial Training Registration - Mt. Itasca Biathlon Headquarters |
| Thurs. Dec 28 | 10:00 am - 2:00 pm 11:00 am - 1:00 pm 6:00 pm | Official Training Registration - Mt. Itasca Biathlon Headquarters Coaches Meeting - Mt Itasca Election of Juries, Draws for Sprint Competition |
| Fri. Dec 29 | 9:45-9:55 am 10:00 – 10:45 am 11:00 am 1:00 pm 7:00 pm | Opening Ceremonies Zero Sprint Competition Flower Ceremony Coaches, Volunteers Reception – location TBA |
| Sat. Dec 30 | 10:00- 10:45 am 11:00 am 1:00 pm 4:00 pm 6:00 pm | Zero Pursuit Format Competition Flower Ceremony Coaches Meeting, Draws fro Individual Relay Start Award Ceremony and Banquet – Wendigo Resort |
| Sun. Dec 31 | 9:00 am - 9:45am 10:00 am 12:00 pm 2:00 pm | Zero Relay Start Competition – Mass Start Flower Ceremony Announcing Junior World Championship Team |

Race Format:

| Class | Age | Sprint | Pursuit | Individual Relay |
|-------------|-------|------------|---------------|------------------|
| Men | 21+ | 10 k - PS | 12.5 k -PPSS | 7.5 k - PS |
| Women | 21+ | 7.5 k - PS | 10 k - PPSS | 7.5 k – PS |
| Jr Men | 19-20 | 10 k - PS | 12.5 k - PPSS | 7.5 k – PS |
| Jr Women | 19-20 | 7.5 k - PS | 10 k - PPSS | 6 k – PS |
| Youth Men | 17-18 | 7.5 k - PS | 10 k - PPSS | 7.5 k – PS |
| Youth Women | 17-18 | 6 k - PS | 7.5 k - PPSS | 6 k – PS |

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

Travel:

Grand Rapids/Coleraine area is 180 miles north of the Twin Cities, 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 new Wendigo Lodge - www.wendigolodge.com. Phone:(218) 327-2211. Located just 3 miles south of Grand Rapids, turn east on Harristown Road and go 2.4 miles take a right when you see the Wendigo sign. Great team price ! Lodging price is per night for standard room with 2 queens bed 3 persons per room - @ \$ 22.00 per person
2 persons per room - @ \$ 33.00 per person
1 person per room - @ \$ 66.00 per night

Taxes are not included.

Evening buffet offered @ \$ 8.95

Waxing facilities available.

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: \$90.00 (U.S. Dollars) for all races for men, women, juniors, youth, includes Saturday eve. banquet.

Registration: Please complete Competitor Entry Form, with registration fee (US Dollars) and mail to:
Mt. Itasca Biathlon 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 22, 2006

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

For further race information, contact:

Vladimir Cervenka cervenkv@hotmail.com 218-999-5046, 218-256-8323 cell

Paula Byrne, Race Secretary, oonadog@uslink.net, 218-245-3522,

MN Biathlon www.minnesotabiathlon.com

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

U.S. Biathlon Association www.usbiathlon.org 1-800-242-8456

Competitor Entry Form

Minnesota Cup 4,5,6,

Junior/Youth World Championship Trials

Dec. 29-31, 2006

Registration with payment due December 22, 2006

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 – Fri. Dec 29 Pursuit Format – Sat. Dec. 30 Individual Relay - Sun. Dec. 31

Class/Age:

- Men: 21 years and older Women: 21 years and older
 Junior men: 19-20 years Junior women: 19-20 years
 Youth men: 17-18 years Youth women: 17-18 years

Entry Fees:

- \$90.00 (U.S. Dollars) for all races for men, women, juniors, youth, and Sunday eve banquet.
 \$30.00 (U.S. Dollars) for one race.
 Please reserve _____ extra tickets for the Sun eve awards banquet (enclose \$17 for each extra ticket)

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

Please enclose payment with registration form. Mail to: **Mt. Itasca Biathlon 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 Biathlon 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

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|--|
| For office use: Amt Pd _____ |
| <input type="checkbox"/> Chk # <input type="checkbox"/> Cash Initials _____ |

