



STEVENSON YOUTH PROGRAM ATHLETE QUESTIONNAIRE 2025/26 Season

This is a fillable PDF form

Please fill out, save to your desktop and email back to SYP@mbsef.org

Date: _____ Name of Athlete: _____

Sex: M F Age on Jan. 1, 2026: ____

Parent 1 Name: _____ Cell Number: _____

Parent 2 Name: _____ Cell Number: _____

Is there a sibling enrolled in MBSEF? Yes No If yes, what program? _____

Please answer the following questions to the best of your ability, so we are able to place your child in the appropriate skill group:

Has your child ever been involved in an organized Nordic ski program before? Yes No

How long has your child been:

Classic skiing (like touring) # of Seasons: ____

Describe classic ski skill level: Beginner Intermediate Advanced

Skating: # of Seasons: ____

Describe skating skill level: Beginner Intermediate Advanced

Can your child:

Put skis, boots and poles on by themselves? Yes No Can your child snowplow downhill: Yes No

Has your child ever alpine skied? Yes No

What other organized sports has your child participated in? _____

Describe your child's enthusiasm for Nordic skiing? Excited Nervous Other (Explain) _____

Are there any other issues or concerns you might want to let us know about? _____