

Merton Area Running Club Registration Form – 2017

Participant (1) Name _____ Age _____ Grade _____ DOB _____ / _____ / _____ Gender F M

Participant (2) Name _____ Age _____ Grade _____ DOB _____ / _____ / _____ Gender F M

Participant (3) Name _____ Age _____ Grade _____ DOB _____ / _____ / _____ Gender F M

Participant (4) Name _____ Age _____ Grade _____ DOB _____ / _____ / _____ Gender F M

Address _____ City _____ Zip _____

Home Phone Number _____ School _____

Parent Information – *if different* from above

Mother's Information

Father's Information

Name _____

Name _____

Address (if different) _____

Address (if different) _____

City _____ Zip _____

City _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email Address (main form of communication) _____

Email Address (main form of communication) _____

Any other contacts in case of an emergency? _____

Medical Information

Are there any medical conditions of the participant that we (MARC) need to be aware of? Yes No

If Yes, please explain:

Physician's Name _____

Is your child currently covered by personal health insurance? Yes No If Yes, list below:

Insurance Name _____

Waiver

By signing below, I release the Merton Area Running Club, hereafter referred to as MARC, and all its agents and /or members from all liability for any injury, which may occur, to myself or my child participating in the activities of MARC, or while traveling to or from such activities. I also release MARC from all liability for any medical conditions (pre-existing or not) arising after participation in MARC activities. My signature allows my child / children to attend MARC practices and participate in MARC activities.

Signed _____ Date: _____