



Running Club

Last Name: _____ First Name: _____

Address: _____

Phone: (home): _____ (cell): _____ Do you receive texts? _____

Email: _____

DOB: _____ Age (as of Dec. 31, 2017) : _____ M / F

Are you willing to help coach your child's team? _____

USATF membership number: _____

Emergency Contact Information:

Name: _____

Number: _____

Emergency information: (list any medical issues including allergies)

Race Fee: \$24. _____ (No fee for Spring Training)

Team Jersey: \$10. _____ Size: Youth: S M L XL Adult: S M L XL

Team Fee: \$ 30. _____

Season: (please circle) Spring Summer Cross Country

