

Fayette County Running Club
2019 Summer Racing Series
May 30th, June 6, 13, 20.

SUMMER TRACK SERIES — REGISTRATION FORM



PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____

Grade attended year 2018-2019: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Payments: Running Series payment may be paid by cash or by check.

Make the check payable to: **Kelli House – 2827 Indiana Ave, Connersville IN 47331**

Series Registration Fees:

- \$30.00 Entire Series – (Includes Everything) 4 Track Meets & Championship Meet
- \$5.00 Day-Of Meet Registration (for those not registered for the series)
- \$10.00 Championship Meet Registration (for those not registered for the series)

Contact Information

For more information, contact Kelli House, FCRC Director

765-265-1061

Emails: khouse@fayette.k12.in.us

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I understand that the series pre-registration payment of \$30.00 is due by May 30th. We do not provide refunds for any days missed for any reason. * Rain date for make-up meets will be the following Friday of each week*

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

I hereby give permission to Fayette County Running Club permission to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (athletes' name) _____ is in good mental and physical health condition to participate in the activities provided by The Fayette County Running Club; including but not limited to all aspects of running and competing. I hereby release The Fayette County Running Club., its employee and its staff from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of CHS Track and Field Complex, and The Fayette County Running Club, including any event sponsored or sanctioned by The Fayette County Running Club, and or travel to and from such activities.

Parent Signature _____ Date _____