

Lightning Running Club (LRC) Registration Form – Track & Field

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Date of Birth _____ School _____ Grade _____

Parents' Names _____ Parents' Phone _____

Parents' e-mails _____

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Possible Events of Interest (non-binding): ___ 100m Dash ___ 200m Dash ___ 400m Dash ___ 800m Run
___ 1500m Run ___ 3000m Run ___ RaceWalk ___ Hurdles ___ Shot Put ___ Discus ___ Javelin
___ Long Jump ___ Triple Jump ___ High Jump ___ Pole Vault ___ Other: _____
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Parent Assistance: Coaching Assistant: *Events of Interest* _____

Volunteer at Home Meet: _____ Other Area: _____

Parents are always welcome to help carry, set up, and take down equipment and gear at practices and meets.

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REFUND POLICY: No refunds will be given after the first two weeks of practice has been completed.

WAIVER: *As parent or guardian of this child, I authorize participation in all activities of the above program. I assume all risks and hazards incidental to such participation, both during an activity and en-route, and do hereby release and waive all claims against Lightning Running Club, its staff, volunteers, and participants. I also grant permission for emergency first aid to be given to my child in case of injury. I also assure the proper care and return of all LRC equipment and agree to pay for any that is lost or damaged.*

Parent Signature _____ **Date** _____