

# Lightning Running Club (LRC) Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Phones: \_\_\_\_\_

Parents' e-mail: \_\_\_\_\_

**Parent Assistance:** Coaching Assistant: \_\_\_\_\_ Volunteer at Home Meet: \_\_\_\_\_

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

**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** \_\_\_\_\_