

# Lightning Running Club (LRC) 2019 Registration Form

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

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

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

Parents' Names \_\_\_\_\_ Parents' Phone \_\_\_\_\_

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

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

The registration fee\* is \$125 per athlete.

**Please return form and payment to (checks payable to Lightning Running Club):**

**Lightning Running Club, P.O. Box 232, New Market, MD 21774**

*\*Registration fee does not include cost of team uniform.*