

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 and gear 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** _____

Registration Fee \$100.00 per athlete (does not include cost of uniform)

Bring this form and payment to first practice or mail to:

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