

San Diego RoadRunners Cross Country 2017 Membership Application

| Applicant Information – Please Print Clearly | | | | | | | | | | | | | | | | |
|--|-----------|-------------|------------|------------------------------|---|---------------|---|---|----|----|---|---|----|--------------|--------|-------------|
| Member | Last Name | | First Name | | Initial | Date of Birth | | | | | | | | | | |
| | Address | | City | | State CA | ZIP | | | | | | | | | | |
| Mother | Last Name | | First Name | | Work/Mobile Phone | | | | | | | | | | | |
| Father | Last Name | | First Name | | Work/Mobile Phone | | | | | | | | | | | |
| Emergency Contact | Last Name | | First Name | | Work/Mobile Phone | | | | | | | | | | | |
| Athlete USATF Number | | | | Both Parents Email Addresses | | | | | | | | | | | | |
| Uniform Sizes | | | | | | | | | | | | | | | | |
| Youth Tops | | Youth Short | | | Adult Tops | | | | | | | | | | | |
| XS | S | M | L | XL | XS | S | M | L | XL | S | M | L | XL | Adult Shorts | Check# | Amount Paid |
| | | | | | | | | | | XS | S | M | L | XL | Cash | |
| Parent Volunteer Information | | | | | Date of Meet | | | | | | | | | | | |
| As a member of the San Diego RoadRunners parents agree to help volunteer at our annual XC meet | | | | | San Diego RoadRunners XC Meets on 11-5-2017 | | | | | | | | | | | |

CONSENT FOR MEDICAL TREATMENT (Minor): As the parent or legal guardian of the above named athlete, I hereby give my consent for emergency medical care prescribed by a license Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent minor and I assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

SIGNATURE OF PARENT/GUARDIAN

DATE

WAIVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

In consideration of your acceptance to this application, this undersigned for himself/herself and personal representatives, assignees, heir next of kin, hereby agree as follows:

1. Undersigned **WAIVES AND RELEASES** any and all claims, rights and or causes of action which undersigned now has or may have against the San Diego RoadRunners, its respective officers, coaches and members, the City of Escondido, **FOR ANY AND ALL CLAIMS, SUITS, LIABILITY, INJURIES, INCLUDING LOSSES AND DAMAGES**, which may occur to or be inflicted upon undersigned or his/her property, including but not limited to those which relate to, or which may in any way be caused by the negligence of San Diego RoadRunners, its' respective officer, coaches, and members, while the undersigned is participating in and/or in route to any or from any San Diego RoadRunners club event.
2. Undersigned **INDEMNIFIES ANDS HOLDS HARMLESS** San Diego RoadRunners, its respective officers, coaches and members, the City of Escondido, **FROM ANY AND ALL CLAIMS, SUITS, LIABILITY, INJURIES, LOSSES AND DAMAGES** to the person or property of any individual or entity which arises by undersigned participation in San Diego RoadRunners club event.
3. Undersigned **VOLUNTARILY ASSUMES ALL RISKS** of loss, damage or injury that may be sustained by undersigned while participating in any San Diego RoadRunners club event.
4. Undersigned has been warned that he/she must be in good physical condition to participate in San Diego RoadRunners club activities.
5. Undersigned has read this entire document, understands its contents, and voluntarily signs this Waiver and Release from Liability and Indemnity Agreement.

SIGNATURE OF PARENT/GUARDIAN

DATE

Conditions of Participation

THE ATHLETE/APPLICANT AND PARENT/GUARDIAN AGREE TO: 1) Conduct myself in a thoughtful, respectful manner at all times and to refrain from all offensive language, 2) Treat all club, school, and venue property with care and respect, 3) Abide by all of the rules and the directions, and decisions of coaches and officials, and 4) Participate fully and support all team activities to the best of my ability in all practices and meets.

ATHLETE/APPLICANT

SIGNATURE OF PARENT/GUARDIAN

DATE