



453 FDR Drive, C1604
 New York, NY 10002
 Phone: 917/747-7490 Fax: 212/228-2322
 E-Mail: fivepointsrunners@gmail.com
 Web: fivepointsrunners.com

2016-17 Club Membership Application

Last Name	First Name	MI
Address		
City	State	Zip Code
Date of Birth	School	Gender

Child Lives With:

Name of Parent/Guardian	Name of Parent/Guardian	Other

Contact Information:

Parent/Guardian	Phone (H)	Phone (M)	e-mail
Parent/Guardian	Phone (H)	Phone (M)	e-mail

Team Dues:

Team dues are \$400 annually.

Athlete Release and Liability Waiver:

(To Be Read and Signed by Athlete's Parent and/or Guardian)

In recognition of and with knowledge of the fact that engaging in any form of physical activity involves a substantial risk of personal injury, I the undersigned, warrant that my child _____ (print the athlete's full name on this line) is presently in good condition and hereby agree to assume the risk of any injury that may result from the practices, and participation of activities with **Five Points Runners Track Club, Inc.**

Therefore, in consideration for being permitted to participate in such an event, I hereby release, waive and forever discharge **Five Points Runners Track Club, Inc.**, from any and every claim, demand or act of whatever kind, arising from any bodily harm, personal injury or death resulting from any accident which may occur as a result of participation in such an event.

I, undersigned, affirmatively swear that I am the parent or legal guardian of the participant and am fully competent to do hereby execute this release and waiver on behalf of that individual, heirs or assigns. I have read and fully understand the terms of this document and their legal significance.

In witness, I have voluntarily and without inducement from any party executed this release and waiver.

Parent's or Guardian's Name (PRINT) _____

Parent's or Guardian's Signature _____ Date: _____