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## 2014-15 Club Membership Application

Last Name		First	First Name		MI	
Address		•				
City		State			Zip Code	
Date of Birth		Sch	School		Gender	
Child Lives With:						
Name of Parent/Guardian		Nan	Name of Parent/Guardian		Other	
Phone Numbers:						
Parent/Guardian	Home		Work	Mo	Mobile	
Parent/Guardian	Home		Work	Mo	lobile	
In recognition of and personal injury, I the name on this line) is p	ned by Athlete's Parent and/	nat enç y child ınd he	gaging in any form o I reby agree to assum	ne the risk of any i	involves a substantial risk of (print the athlete's full injury that may result from	
discharge Five Point	ration for being permitted to s Runners Track Club, Inc. conal injury or death resulting	, from	any and every claim	n, demand or act o	of whatever kind, arising from	
herby execute this rel	atively swear that I am the pease and waiver on behalf ont and their legal significance	of that	individual, heirs or a			
In witness, I have vol	untarily and without inducem	ent fro	om any party execut	ed this release an	d waiver.	
Parent's or Guardia	n's Name (PRINT)					
Parent's or Guardian'	s Signature			Dat	te:	