

# EXCL Elementary Cross Country League

## Registration Form

Sponsored by SCIRC

Registration Information: (please print)

Athlete's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Mobile # \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Mobile # \_\_\_\_\_

Email address \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Elementary School \_\_\_\_\_

EXCL Registration Fee: \$10.00 (Make checks payable to **S. C. I. R. C.**)

T-shirt size: \_\_\_YS \_\_\_YM \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_XL

Additional Shirt(s): Cost is \$5 each

Size(s): \_\_\_\_\_ Quantity: \_\_\_\_\_

Total Additional shirts: \_\_\_\_\_



Mark your calendars!! 1<sup>st</sup> Race: September 8<sup>th</sup>, 2<sup>nd</sup> Race: September 15<sup>th</sup>, 3<sup>rd</sup> Race: September 22<sup>nd</sup>  
 All races will be held at Freeman Field Sports Complex off Hwy 11 South of Seymour. Parking is limited.

Please list any information that you would like the coach to know to help make your child's experience in cross country safe, healthy and happy.

Turn in completed forms with payment to your EXCL coach.

Office use:

Date received: \_\_\_\_\_ Payment: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_

# **EXCL (Elementary Cross Country League)**

## **Membership Waiver of Participation**

I agree that I am a member of EXCL (“the club”) and I know that running in and volunteering for conditioning, organized group runs, social events, and races with this club are potentially hazardous activities, which could cause injury or death. I will not participate in any club organized events, group training runs or social events, unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform all activities associated with the club and am in good health, and I am properly trained.

I agree to abide by all rules established by the club, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the club agree to abide by them. I assume all risks associated with being a member of this club and participating in club activities which may include, but are not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road and/or trail including wildlife, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed to be used in club organized activities and I agree to abide by this rule.

Having read this waiver and knowing these facts and in consideration of your accepting my membership, I, for myself and anyone entitled to act on my behalf, waive and release the Seymour Community Schools Corporation, all club sponsors, their representatives and successors, the South Central Indiana Running Club, Inc., the city of Seymour, IN, and the Road Runners Club of America from all claims or liabilities of any kind arising out of my participation with the club, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record for any legitimate promotional purposes for the club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature : \_\_\_\_\_ Date: \_\_\_\_\_