

SYRACUSE CHARGERS TRACK CLUB, INC.

Membership Application

Name: _____ (M) (F) _____
 Birth Date _____ Occupation/Club Interest _____

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Mailing Address - Street or P.O. Box Telephone Number _____

 City State Zip **E-mail Address** _____

Primary Fields of Interest: _____ **Membership Status:** _____ **I would like to help with:** _____

____ Road Running ____ Track Running _____ New _____ Track Meets ____ Road Races
 ____ Race Walking ____ Field Events _____ Renewal _____ Coaching
 ____ Physical Fitness ____ Youth Development _____ Special Olympics Program

Mail this form and check to: Julie Lee, Membership Coordinator
8103 Lobos Lane
Liverpool, NY 13090

Other (please specify interest) _____

Membership Fee (12 months) : \$10 for first family member (includes Newsletter); \$5 for each additional family member 18 & older; no added fee for family members 17 and younger. Make checks payable to: **Syracuse Chargers Track Club, Inc.**

Club T-shirts: Syracuse Chargers Track Club T-Shirts are available for \$5 Youth Lg.____ Sm.____ Med.____ Lg.____ XLg.____

Additional Contributions: To insure that the Syracuse Chargers Track Club will continue to deliver quality educational and developmental programs in track and field, cross country, and road running, we appreciate your additional financial support. Enclosed is my tax deductible contribution:

\$10 _____ \$20 _____ \$30 _____ \$40 _____ \$50 _____ \$100 _____ Other \$ _____

MEMBERSHIP WAIVER: I know that running and volunteering to work in club races and other activities can be hazardous. I agree not to participate in Club activities unless I am medically able and properly trained. I agree to abide by any decision of an official concerning my ability to safely participate in any activity.

I freely and voluntarily assume all risks associated with competing, volunteering, and all other activities in which the Club is involved. Such risks include, but are not limited to: falls, contact with other participants, the dangerous or negligent behavior of other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road or other facilities, and traffic on the course, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the RRCA, USATF, Syracuse Chargers Track Club, Inc., and their officers, directors, and members, and all sponsors, their representatives and successors, from all claims or liabilities arising out of my participation in Club activities, 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 use for legitimate purposes any photographs, motion pictures, recordings, or other images of myself participating in Club activities.

Signature(s) Date _____

I am signing this waiver as parent or legal guardian on behalf of the minor(s) named above. I agree to be responsible for the conduct and safety of the minor(s), and I recognize and assume the risks described above on behalf of the minor(s)

Parent's or Guardian's Signature if under 18 years of age Date _____