

**SYRACUSE CHARGERS TRACK CLUB, INC.**  
**Membership Form**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Sex Birth Date Occupation / Club Interest  
 \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_  
 Name Sex Birth Date Telephone Number  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Name Sex Birth Date Email Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Name Sex Birth Date  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP

**We need your help!**  
**Please volunteer for:**  
 \_\_\_ Track Meets \_\_\_ Coaching  
 \_\_\_ Road Races \_\_\_ Trail Runs  
 \_\_\_ Special Olympics  
 Other: \_\_\_\_\_

**(Please select and circle one)**

<b>Membership Type</b>	<b>1 Year</b>	<b>2 Years</b>	<b>4 Years</b>
Individual Membership	\$20	\$36	\$70
<b>Family Membership (1 newsletter, 2+ people)</b>	<b>\$25</b>	<b>\$45</b>	<b>\$85</b>
Individual Senior Citizen (65 years or older)	\$15	\$27	\$50
Individual Student (High School or younger)	\$15	\$27	

REV 1/6/19

**Additional Contribution:** Help to ensure the Syracuse Chargers Track Club continues to deliver quality educational and developmental programs in Track & Field, Cross Country, Youth Development, Ultra & Trail Running and Road Running/Racing that is open to all. We appreciate your additional financial support!

Enclosed is my tax deductible contribution: \$10 \_\_\_ \$20 \_\_\_ \$30 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ Other \$ \_\_\_

**Membership Status:**                      **Receive Email Blasts?**  
 \_\_\_ New    \_\_\_ Yes  
 \_\_\_ Renewal                                        \_\_\_ No

Mail this form and check to: **Bob Hiemenz, Membership Coordinator**  
**Syracuse Chargers Track Club**  
**P.O. Box 2354**  
**Liverpool, NY 13089-2354**

Please make check payable to:  
**Syracuse Chargers Track Club, Inc.**  
 OR: Register online at: [RunSignUp.com](http://RunSignUp.com)

**MEMBERSHIP WAIVER:** I know that participating and volunteering to work in club events 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, including but not limited to: falls, contact with other participants, dangerous or negligent behavior of other participants, the effects of 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, 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*