



Falmouth Track Club Youth Running Program Summer 2008

Child's Name _____

Birthdate _____ Sex ____ Grade entering in September _____

T-Shirt Size (circle one) Adult: S M L (if sign up by June 20th)

_____ Session 1: July 7th, 8th, 10th

_____ Session 2: July 14th, 15th, 17th

_____ **No session** the week of July 21st

_____ Session 3: July 28th, 29th, 31st

_____ Session 4: August 4th, 5th, 7th

All Sessions held 3 nights/week at Falmouth High School track: Mondays, Tuesdays and Thursdays, 5:15pm -6:15pm

Make check payable to Falmouth Track Club of \$25/session per child or \$80 for all four sessions and mail to: attn: Youth Running Program, Falmouth Track Club, PO Box 699, West Falmouth, MA 02574.

Parents'/Guardians' Names _____

Home Phone _____ Cell/Other Phone _____

Address _____

Town _____ Zip _____

Email _____

Permission and Waiver: I hereby give my above-named child permission to participate in the Youth Running Program. I absolve the Town of Falmouth and the FALMOUTH TRACK CLUB and all coaches, officials, and other CLUB members from liability and will not hold them responsible for injury incurred to my children, myself, and/ or my spouse. This includes, but is not limited to collisions and interactions among children and adults, injuries due to contact with the facilities or equipment, or to weather conditions. I give approval to my family's participation in the Youth Running Program. All participants are in sound medical condition for running activities. I understand that medical insurance is not provided.

PARENT/GUARDIAN SIGNATURE

_____ DATE _____