

SETON RUNNING CLUB REGISTRATION
Spring 2019 SESSION Starts Tuesday May 7th FOR
GRADES K TO 6 REGISTRATION FORM AND FEE IS
DUE BY April 29th

Childs full name _____ Current Grade _____

Address _____ Date of birth _____

Parent(s)/Guardian(s) _____ Phone _____

Email _____

Emergency Contact (if different from above) _____

Primary Physician & Phone _____

The fee is \$30 for grades K thru 6. Family cap cost (maximum of \$60 per family). Fees should be paid now (checks only *payable: Seton Catholic School*) with the return of this form. Please fill out a separate form for each runner. **Fee includes Seton Catholic School Running Club Spirit wear item.**

VOLUNTEERS Seton Running Club needs your help!! Running experience is not required, but if you ever wanted to start running, this is your opportunity. **K-2** requires minimum of two volunteer session.

May 7 ___(K-2)___(3-6) May 14 ___(K-2)___(3-6) May 2 ___(K-2)___(3-6)

May 28 ___(K-2)___(3-6) June 7 ___(K-2)___(3-6)

Please indicate: ___Runner or ___Non-Runner

Name: _____ Phone: _____

Email: _____

MEDICAL

Please list any medical conditions that might affect your child's participation in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation. Medical Condition/Medications(s):

_____ My child has my permission to participate in the Spring 2019 Seton Running Club Program. My child has adequate insurance coverage, and in case of injury, I will assume all responsibility. I hereby release Seton Catholic School, Our Lady of Lourdes, from any responsibility or liability in connection with this activity. I give permission to a licensed physician or other hospital staff member to carry out emergency care deemed necessary to my child when normal permission is unavailable. I certify that my child is in good physical health and has no limitations other than those I have listed, which may predispose him/her to risk during the program.

Parent/Guardian Signature: _____ Date: _____