

**Liberty Elementary Running Program Fall 2018 Registration Form**



Participant's Full Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Days (Mon/Wed, Mon only, Wed only): \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Participant's Emergency Contact Information (different from parent/guardian):

Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Please list and fully discuss any known medical conditions: \_\_\_\_\_

\_\_\_\_\_

Please list and fully discuss any known allergies – food, insect, medicines, etc.: \_\_\_\_\_

\_\_\_\_\_

Does your child require/carry an EpiPen to use if an allergic reaction occurs? \_\_\_\_\_

The 4-week program will commence on Monday, October 1, 2018 and will end on October 31, 2018. Monday and Wednesday afternoons from 3:30-4:15 pm at the Liberty Elementary School baseball field.

Scan and e-mail the completed registration form to [kln77@comcast.net](mailto:kln77@comcast.net), or return to Liberty Elementary, ATTN: PTA Treasurer, Kristina Nixon.

***A REGISTRATION FORM AND A LIABILITY WAIVER MUST BE RECEIVED BEFORE THE CHILD IS ALLOWED TO PARTICIPATE.***

# **PARTICIPANT/PARENT WAIVER:**

## **PTA Liberty Running Club**

I, the undersigned, am the parent or legal guardian of the minor whose name appears below. I know that running is a potentially hazardous activity. I know that the minor should not run unless medically able and properly trained. I agree to abide by any decision of the program director relative to the minor's ability to safely complete the risks associated with running in this program including, but 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 or track, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, on my behalf and the minor's behalf, waive and release the PTA Liberty Running Club, its officers, directors, agents, employees, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of the minor's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the program director to consent to and authorize any medical care or treatment for the minor that may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose. I understand that personal music players are not allowed for use in this program, and I will ensure the minor abides by this guideline.



**PTA**<sup>®</sup>  
*everychild.onevoice.*<sup>®</sup>

**Minors Name:** \_\_\_\_\_

**Parent's or Guardian's Name:** \_\_\_\_\_

**Parent's or Guardian's  
Signature:** \_\_\_\_\_