

# SETON RUNNING CLUB REGISTRATION

## Spring 2018 SESSION

Starts **Tuesday May 1st** FOR GRADES K TO 6  
REGISTRATION FORM AND FEE IS **DUE BY April 27th**

Child's 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) with the return of this form. Please fill out a separate form for each runner. **Fee includes Seton Catholic School Running Club backpack and fee for Dunkin Donut's Dash (1mile run) on Sun., May 20th.** Fun Run is optional, details to follow.

*Checks are payable to: Seton Catholic School*

### 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.

\_\_\_ Weekly commitment OR \_\_\_ May 1 \_\_\_ May 8 \_\_\_ May 15 \_\_\_ May 22 \_\_\_ May 29

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 2018 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 pre-dispose him/her to risk during the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_