

SETON RUN CLUB REGISTRATION

Fall 2019 SESSION

STARTS TUESDAY, 9/24 FOR GRADES K TO 6. REGISTRATION FORM AND FEE IS DUE BY 9/17.

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 payable: Seton Catholic School) with the return of this form. Please fill out a separate form for each runner. Fee includes Seton Catholic School Run Club Spirit wear item.

VOLUNTEERS

Seton Run 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 sessions.

9/24 ___(K-2)___(3-6) **10/1** ___(K-2)___(3-6)
10/8 ___(K-2)___(3-6) **10/15** ___(K-2)___(3-6) **10/22** ___(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:

My child has my permission to participate in the Fall 2019 Seton Run 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: _____