



Youth Running Training Program – 2008 Registration Form

First Name: _____ Last Name: _____

Phone: _____

Email (please write very clearly): _____

*WE MUST HAVE YOUR EMAIL ADDRESS IN ORDER TO COMMUNICATE WITH YOU ABOUT PROGRAM INFORMATION!

Gender: _____ Date of Birth: _____ Age: _____

Parent Name: _____ Parent Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

REFUND POLICY

There will be no refunds given after the first group practice, when schedules are handed out. I understand that adverse weather conditions are a possibility and are out of the control of the Fleet Feet Sports training program. I understand this class may be cancelled due to adverse weather conditions, including weather service alerts for dangerous air quality. I understand that no refunds or make-up classes will be given in the event of cancellation for adverse weather conditions.

_____ By placing my initials here, I understand and agree to the terms of this policy.

WAIVER

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against the Fleet Feet Sports and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Fleet Feet Sports, the City Annapolis, and any and all sponsors, their representatives and successors, that may arise as a result of my child's participation in the 2008 Youth Running Training Program and any pre- and post race activities. I attest and verify that my child is physically fit and a licensed medical doctor has verified his/her physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me or my child. (This information is protected by the Privacy Act.).

Parent Signature: _____ Date: _____

EMPLOYEE USE ONLY

Employee Initials: _____ Date Paid: _____

**Please mark paid and place in the Training Program folder. Thanks.