2011 NYRR CLASS REGISTRATION FORM

Apply online at ***www.nyrr.org/classes*** or complete this form and send with payment to: **NYRR Classes, 9 East 89th Street, New York, NY 10128.**

NEW YORK ROAD RUNNERS

NYRR Membership No.	E-mail Address	
Last Name (ONLY ONE PERSON PER FORM)	First Name	
Birth Date (month/day/year)	Sex	Day Phone
Emergency Contact (required) Name	Phone	
Mailing Address	PLACE MAILING LABEL HERE	
City	State (or country if not USA)	Zip Code
Exact Name of Team		

WAIVER

I know that participating in NYRR events is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I grant to the Medical Director of this event and his designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participation in this event. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release New York Road Runners Inc., Road Runners Club of America, USA Track & Field, the City of New York and its agencies and departments, the Metropolitan Athletics Congress, and all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

Signature (participant or parent) Date

JOIN NYRR

I want to ☐ join ☐ renew for a yearly membership fee of only $40. (optional—not required for classes)

Please visit www.nyrr.org/membership or consult a membership application for details.
Your membership material will be mailed within 2-4 weeks. Membership is non-transferable and the fee is non-refundable. Membership Payment: $

NYRR YOUTH PROGRAMS CITY SPORTS FOR KIDS
(for children born 1997-2005)

CLASS DATES
☐ 4/3, 4/10, 4/17 and 5/1

TIME
2:00 - 4:30 p.m.

PRICE PER SESSION (4 CLASSES)
☐ $40 (non-refundable)
☐ $_____donation included (optional)

Total: $

PAYMENT

☐ Enclosed is my check payable to **NYRR**. Improperly written checks will be returned.
Please charge my: ☐ Visa ☐ MasterCard ☐ American Express

Total Payment: $

Credit Card # (debit cards not accepted)

Exp. Date (month/year)

Cardholder Signature