



**YOUTH RUNNING PROJECT  
2013 MIDDLE SCHOOL CROSS COUNTRY TRAINING PROGRAM  
ATHLETE'S REGISTRATION FORM**

PLEASE PRINT INFORMATION BELOW

Name:

Date of birth:

Gender (circle one): Male Female

Phone:

Current address:

City:

State:

ZIP Code:

Email:

Year in School (fall 2013)

Name of school you will attend:

**EMERGENCY CONTACTS**

Parent Name(s):

Address (if different from above):

Phone:

Name of relative not residing with you:

Address:

Phone:

Relationship:

Please list allergies, current medications, and any pre-existing medical conditions:

PLEASE MAIL THIS FORM AND THE \$20 MEMBERSHIP FEE TO:

YRP Middle School Cross Country, runLawrence, 2223 Westchester Rd, Lawrence, KS 66049

For more information, email [dkuhls@gmail.com](mailto:dkuhls@gmail.com) or call (785) 764-6702. Make checks payable to runLawrence.

**MARKETING AND PUBLICITY OF THE RUNLAWRENCE YOUTH RUNNING PROJECT**

By submitting this application and signing the 'Release of Liability' below, the athlete and their parent or legal guardian hereby grant the runLawrence Youth Running Project the right to use the athlete's name, likeness, voice, video, athletic performance, biographical and other information in any format, and to distribute, broadcast and exhibit these without charge, restriction or liability for the sole purpose of advertising or promoting the runLawrence Youth Running Project.

**RELEASE OF LIABILITY (MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN)**

By signing below, I acknowledge that the above information is accurate to the best of my knowledge. I also state that to the best of my knowledge, my child is capable of participating in vigorous physical activity. In consideration of the benefits my child will receive through this participation, I hereby release the runLawrence Youth Running Project, its officers, coaches, volunteers, sponsors and agents from any liability or claims arising from this activity.

Signature of parent/legal guardian:

Date: