

# SKS GoRun 2018 Registration Form

## RUNNER INFORMATION

Name: \_\_\_\_\_

Grade & Teacher: \_\_\_\_\_

Allergies/Medical Issues : \_\_\_\_\_

Name: \_\_\_\_\_

Grade & Teacher: \_\_\_\_\_

Allergies/Medical Issues : \_\_\_\_\_

Name: \_\_\_\_\_

Grade & Teacher: \_\_\_\_\_

Allergies/Medical Issues : \_\_\_\_\_

Name: \_\_\_\_\_

Grade & Teacher: \_\_\_\_\_

Allergies/Medical Issues : \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Cell: \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Father/Guardian Cell: \_\_\_\_\_

Father/Guardian Email: \_\_\_\_\_

## DISMISSAL INFORMATION --- My child(ren) will:

Be picked up by Parent/Guardian: \_\_\_\_\_

Go to CARES: \_\_\_\_\_

Carpool with Another Family: \_\_\_\_\_

## EMERGENCY CONTACT DURING PROGRAM TIME

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## VOLUNTEER INFORMATION --- I am able to volunteer for each session for the GoRun program!

Yes \_\_\_\_\_

No \_\_\_\_\_

I have read, understand and agree to all the terms in the Waiver Form attached.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PROGRAM FEE ---  
\$40/RUNNER:

CASH

CHECK

CREDIT CARD

**Parent(s) / Guardian(s) Permission and Release For Student's Participation in GoRun Fitness Program 2018**

We, (I) as parent(s) or legal guardian(s) give permission for (Student's name)\_\_\_\_\_to participate in the GoRun Fitness Program 2018 which includes all related programs or events. In consideration for our (my) son's/daughter's participation in the GoRun Fitness Program, and intending to be legally bound, we (I) and our (my) son/daughter agree and understand that we assume risk in full for our (my) son's/daughter's participation in the GoRun Fitness Program, and with full knowledge of the risk inherent in such fitness program, we release and hold harmless the school, Parish, the Archdiocese of Philadelphia, and its priests, religious, teachers, aides, employees, agents, administrators, and any official representatives, from any and all liability, damages, or claims for any and all personal injury, bodily injury, and/or property damage arising or related to our (my) son's/daughter's participation in the GoRun Fitness program, except for medical payments up to \$300, or as otherwise described, and provided in the Student Accident Insurance Policy. We (I) and our (my) son/daughter understand and agree to abide by all rules and regulations established by School pertaining to the GoRun Fitness program.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_

Parent(s)/ Guardian(s)

Signature \_\_\_\_\_

Date \_\_\_\_\_