



Cross Country

Make Checks payable to LCRAC and Mail to : Youth Track Program • 563 South Lake Drive • Lexington, SC 29072

Phone: 803-354-4048 ext:240 • Fax: 803-359-9092 • Email: bj@lcrac.com

Co-ed Ages: 6-18 • Registration Period: July 1st-August 31st

Registration Fee: \$50/per runner, \$5 discount for each additional child in the same household

A copy of the Birth Certificate is required with all registration forms.

Program runs from September- October:

Practices will be conducted twice per week starting after 6:00pm. Race days will be held on Saturday.

Shirt Size: Please Select One Size

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Large |
| | <input type="checkbox"/> Adult X-Large |

Name: _____ Age: _____ Birth Date: _____ Sex: _____

Parent/Guardian: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

- Has your child ran track before: Yes No
- Would you be willing to coach a team: Yes No
- How did you hear about this program: Website Flyer Activity Guide Other: _____
- Volunteer Positions Needed: Head Coach Asst. Coach Other: _____

Waiver and Release (Please read this form carefully):

In signing up and participating in Lexington County Recreation and Aging Commission programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you might sustain as a result of participating in any and all activities, including transportation services, where provided:

I acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims against the Lexington County Recreation and Aging Commission, its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in this program.

I understand that photographs of my child's participation in this program may be used by the Lexington County Recreation and Aging Commission to promote its events and facilities. I understand these photos may be taken without my receiving compensation and without my granting additional approval. I also agree to abide by the "Parents Code of Ethics" listed on the back of this registration form.

Print Participants Name: _____

Participants Signature: _____ Date: _____

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