**REGISTRATION FORM 2024-2025**

**Principal Applicant: (must be 18 years or over)**

**Name:…………………………………………………………………………**

**Address:………………………………………………………………………**

**Phone:………………………………………………………………………...**

**Email: ………………………………………………………………………..**

**Emergency Contact**

Name: …………………………….. Phone: ………………..

**Other Family Members:**

|  |  |
| --- | --- |
| **Name** | **Date of Birth (if under 18)** |
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[ ]  Please tick this box if you **do not** wish to have photos of those on this form on social media or website

**Declaration by Principal Applicant**

I, the undersigned, in consideration of and as a consideration of the Coastal Running Club Inc. for myself and those listed above, hereby waive all and any claim, right or course of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course or my entry in the designated club events.

**Principal Applicant Signature: ……………………………………………………….**

**Date: …………………………………………**

Annual Membership fees are $20 for an individual or $40 for a family, payable before participation in any club event. Weekly fees are $2 per individual and $5 per family.