

2017 MEMBERSHIP APPLICATION



Mail application and fees to:

CALUMET REGION STRIDERS
PO BOX 225
GRIFFITH, IN 46319

**NOTE: ENTER MAILING AND EMAIL ADDRESSES
BELOW TO RECEIVE THE INSTEP NEWSLETTERS,
CRS CORRESPONDENCE, AND CRS EMAIL.**

| | | | Dues must be paid to participate in Gold Cup Series | | | Optional Participation | | | | Total Due | | | | | | | |
|----------------------------|-----------|-----------|---|--------|---|---|--------------------------|--------------------------|-----------------------------|-----------------|---------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| First Name | Last Name | Birthdate | | Gender | | Annual household dues cover all household members | 5-Year Individual Dues | 10-Year Individual Dues | Gold Cup Series | | | | | | | | |
| | | Month-Day | Year | M | F | | | | Gold Cup Series Participant | Age Competition | Male Clydesdale 210 pounds plus | Female Athena 170 pounds plus | | | | | |
| Primary Household Member: | | | | | | | | | Check One | | | | | | | | |
| Occupation: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$15 | \$55 | \$100 | \$25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | + |
| Add'l Household Member: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$55 | \$100 | \$25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | + |
| Occupation: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$55 | \$100 | \$25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | + |
| Add'l Household Member: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$55 | \$100 | \$25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | + |
| Occupation: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$55 | \$100 | \$25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | + |
| Add'l Household Member: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$55 | \$100 | \$25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | + |
| Occupation: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | \$55 | \$100 | \$25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | + |
| ADDRESS | | | | | | Less Discounts Applied: _____ - _____ | | | | | | | | | | | |
| CITY, STATE ZIP | | | | | | Plus Optional Donations: | | | | | | | | | | | |
| PHONE CONTACT | | | | | | Jim Cox Scholarship Fund | | | | | | + | | | | | |
| EMAIL ADDRESS | | | | | | Stevens-Hamilton Disabled Runner Fund | | | | | | + | | | | | |
| ADD'L EMAIL ADDRESS | | | | | | Total Enclosed | | | | | | = | | | | | |

I know running and volunteering in club-sponsored events are potentially hazardous activities. I will refrain from entering and running in club activities if I am not medically able and/or properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering in club-sponsored events, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership. I, for myself, and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Calumet Region Striders, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of negligence or carelessness on the part of the person named in this waiver.

Signature: _____
Parent's signature if under 18 years of age.

Date: _____