

Bridgeport Running Club Program Registration

Athlete Name:	Male/Female:
Club/School:	Birthdate:
Parent(s) Name:	
Address:	
Home Phone:	Daytime Phone:
Email:	
Emergency Contact/Phone Number:	
Do you have any allergies? Yes No If yes	s, please list:
Are you on any medications? Yes No If y	yes, please list:
Have you have any serious injuries/illnesses that we sho	ould be aware of? Please list:
Cash or check ONLY. Please m	ake checks payable to Bridgeport Running
to, athletic teams, field trips, and any other programs or a Complex (The Bridge)and other valuable considerations, to agree on behalf of myself and/or my child, my heirs, exercised Running, Heather 1, LLC, The Bridge and all directors, off Running, Heather 1, LLC, The Bridge jointly and severall under which I and/or my child ever had, now have, or may the successors and assigns, jointly or severally for all or per personal caused by or arising out of my or my child's par programs or activities in/at Bridgeport Running, Heather 1 child, my heirs, executors, administrators and assigns to income to hold and save harmless from and against any and all activities.	the and/or my child for my and/or my child's participation in but not limited activities in/at Bridgeport Running, Heather 1, LLC, The Bridge Sports the receipt and sufficiency of which are hereby acknowledged. I hereby accutors, administrators and assigns to release and discharge Bridgeport ficers, agents, and employees or any volunteers associated with Bridgeport ly, from any and all claims, demands, actions, judgments, and executions a have against any or all of the aforesaid, any combination of the aforesaid, resonal injuries known, unknown, as well as all damages to property, real or articipation in but not limited to athletic teams, field trips and any other participation. LLC and/or The Bridge. I hereby agree, on behalf of myself and/or my demnify any, all or any combination of aforesaid, jointly and severally, and ons, claims, demands, liabilities, losses, damages, or expenses of whatever my time be incurred by reason or my and/or my child's participation in or public, and/or The Bridge.
Signature of Athlete:	Date:
Signature of Parent/Guardian:	Date: