

Shenandoah Valley Track Club '11 Membership Application

Date _____

Name _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Home Phone _____ Work Phone _____

Annual dues, including RRCA affiliation: (check one) Individual **\$12.00** _____ Family **\$20.00** _____
Family member _____ age _____
Family member _____ age _____
Family member _____ age _____
Family member _____ age _____
Family member _____ age _____

Make checks payable to SVTC and return this form at the summer track meets at EMU or mail to Mike Guinn 5166 Pleasant Valley Rd. Harrisonburg, VA 22801. *Annual Renewals Jun. 30.*

Please answer a few questions to help us form the future direction of the club.

Would you like the club to have more track meets? Yes _____ How Many? _____ No _____
Would you like the club to hold more road races? Yes _____ How Many? _____ No _____
Would you participate in one of our organized club runs? Yes _____ No _____
Would you participate in an indoor winter track meet? Yes _____ No _____

Other suggestions:

The Shenandoah Valley Track Club strives to bring together runners of all ages and ability levels to promote a social running community in the area. Meets are open to all interested athletes regardless of age, gender, or level of ability. We are pleased that each year girls, boys, men and women of all ages come to the meets to have fun in the sport of track & field. Please join us. Track has something for every BODY!

Events and benefits provided by SVTC: Local Road Races, Sunday Trail Runs, Summer Track Meets, Tuesday evening group runs at Runner's Corner*, 10-15% off running shoes and apparel at Runner's Corner.

Runs- (All running abilities are welcome) are held every Tuesday evening at 5:30 PM at Runner's Corner, 82 S. Main St. in Harrisonburg. Contact the Runner's Corner for more details (540) 433-6323.

Summer Track Meet schedule: Thursday Evenings June 9, 23, July 7, 21, Aug. 4.

Where: Eastern Mennonite University Track, Harrisonburg, VA ALL AGES WELCOME -- KIDS -- TEENS -- ADULTS

Cost: SVTC members -- free Non-members -- \$3.00 entry fee per meet

Age Groups: Male and Female categories 5 & under, 6-7, 8-9, 10-12, 13-15, 16-18, over 18, Masters

Awards: Ribbons for 1st, 2nd & 3rd places to kids 12 & under, and by request to all others.

WAIVER REQUIREMENT: A signed liability waiver is required of all participants BEFORE participation will be allowed. For those under age 18, a parent or guardian signature is required.

PARENTS: Children under age 13 must be accompanied at the meet by a responsible adult.

Schedule of Events:

5:30 Registration or 1/2 hour before event

6:15 Long Jump, High Jump, Shot Put (by request)

6:30 Predict-your-time Mile followed by:

60m Dash (12 years & under), 100m Dash, 1500m, 400m, 200m, 800m, 5K Run-road course

Shenandoah Valley Track Club RELEASE FORM - 2009

**PLEASE READ BEFORE SIGNING. IT MUST BE SIGNED BY PARTICIPANT
(IF 18 OR OLDER) OR PARENT or GUARDIAN.**

I know that participation in a track meet or road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by meet/race rules and any decision of a meet or race official relative to my ability to safely complete an event.

I assume all risks associated with my participation in a track meet or road race including, but not limited to, falls, contact with other participants, conditions of the track facility or road. In consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Shenandoah Valley Track Club their officers, Eastern Mennonite University, the City of Harrisonburg, and all sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in a Shenandoah Valley Track Club meet, fun run, or road race.

I have read this release/waiver and understand it. I understand that insurance is required, and that details must be provided below in order for me to participate in long jump, high jump, shot put and/or field events.

Name(s) _____

Age(s) _____

Signature _____

Date _____

E-mail _____

Under age 18 participants- Signature of parent or guardian _____
Required

Complete home Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Insurance provider _____

Ins. group # _____ **Subscriber name** _____