

Florida Track Club

MEMBERSHIP APPLICATION

The FTC has three general membership types: Individual; Student; Family/Domestic Unit. Each member must be individually listed on this form. You may complete your membership on-line. http://www.active.com/event_detail.cfm?event_id=1928590 Even if you have previously submitted an application, we need this information to update and audit our records. Be sure to include your email address. The FTC will be using email to distribute the Newsletter and other important updates. Make checks payable to: FLORIDA TRACK CLUB and mail to Florida Track Club, c/o Leonard Grill, 2422 NW 15 Place, Gainesville, Florida 32605. If you have any questions please contact the Membership Coordinator, Leonard Grill, at leonardgrill@yahoo.com

RELEASE AND ASSUMPTION OF RISK

Upon submission of this application, I agree, for myself and my children or wards on whose behalf I have signed herein, to assume all risks associated with participation in any activity of the Florida Track Club. I release all officers, directors, members, volunteers, sponsors, and employees of the Florida Track Club from any claims of liability resulting from my (our) participation including those arising from any cause including the negligence of myself or the releasees herein. If signing on behalf of a minor please indicate parent or guardian status.

_____ Individual Member \$20 **_____ Student Member \$15** **_____ Lead Family Member \$20**

Name: _____ Age: _____ DOB (M/D/Y): _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Telephone number: _____

Signature: _____ Date: _____

_____ Additional Family/Domestic Unit Member \$10

Name: _____ Age: _____ DOB (M/D/Y): _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Telephone number: _____

Signature: _____ Date: _____

_____ Additional Family/Domestic Unit Member \$10

Name: _____ Age: _____ DOB (M/D/Y): _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Telephone number: _____

Signature: _____ Date: _____

_____ Additional Family/Domestic Unit Member \$10

Name: _____ Age: _____ DOB (M/D/Y): _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Telephone number: _____

Signature: _____ Date: _____
