



**Mail or Bring to : Dyker Heights Athletic Association
c/o St. Bernadette Rectory
8201-13th Avenue, Brooklyn, N.Y. 11228**

March 2019

Run 4 Kids IV

Marathon 2019 Registration Form

Date of Marathon: Saturday June 1ST 2019

Please complete This application is for:

Players Name:

Last: _____ First: _____ Mid: _____

Address:

Street: _____ City: _____ State: _____

Zip: _____

Born: ____ -- ____ -- ____ Tel # (____) ____ - ____ Alt Tel # (____) ____ - ____

School: _____ School Address _____

Grade: _____

Players email address: _____

Parents/Guardians e-mail address: _____

Parent(s) or Guardian(s) Information:

Father/Guardian: _____ Cell Number: _____

(not required if 18 or older)

Mother/Guardian: _____ Cell Number: _____

(not required if 18 or older)

Dear Parent/Guardian:

This will confirm that your child has applied for admission to Dyker Heights Athletic Association (referred to herein as "the Association") 2019 Marathon. In consideration of our child being permitted to participate in the Association's marathon, we agree that the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association shall not be liable for the death, personal injury, or property loss or damage sustained by our child whether or not caused in whole or in part by the negligence of the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association. We further agree to hold the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association, harmless from any and all liability for injuries, damages, medical expenses, property loss, or any other loss to our child or our family (including attorneys' fees) arising from or related to our child's participation in Association's marathon. We understand that our child will be exposed to risks inherent to athletic activities, and we assume those risks. We understand that those risks include, but are not limited to serious personal injury or death. Notwithstanding those risks, and notwithstanding the possibility that our child could sustain serious personal injury or death due to the negligence of the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association, we nonetheless want our child to participate in the Association's marathon, and we are placing our initials in the space at the end of this paragraph to signify that we have read it in full, we understand it, and we agree with it.

INITIALS

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My child has been examined by a doctor within the past month. He/she has been found physically fit to compete in athletics. I will not hold the Association or any other league which the Association may choose to enter, or the managers /coaches, responsible for any injuries resulting from accidents, or loss of valuables or equipment, while playing or traveling to and from a game or practice.

Date Signature of parent/guardian or player if player is 18 or over