

Track Shack

FITNESS CLUB

TRAINING PROGRAM

Cheetah Running Club

Kids age 8 - 12 years old

(Registration is limited to 20 kids.)

The purpose of this youth training program is to provide our young people with practical running experience that will grow with their overall athletic skills and encourage fitness and health for their lifetime.

Baldwin Park Blue Jacket Track (Glenridge Middle School)

Session I (Jan. - Mar.) **Session II** (Mar. - May) **Session III** (Aug. - Oct.) **Session IV** (Oct. - Dec.)

(Please Print)

Today's Date: ____ / ____ / ____

Child's Last Name: _____ Child's First Name: _____

Male: ____ Female: ____ Age: ____ DoB : _____ Shirt Size: Youth M ____ Youth L ____ Adult S ____ Adult M ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardians Name: _____

Phone: _____ E-Mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

New Participant Cost: ____ \$90 • Alumni Cost: ____ \$75

Cost includes a club singlet.

Yes, I would like to make a donation to the *Track Shack Foundation* \$ _____

Total Payment Amount: _____ Method of Payment: ____ Cash ____ Check ____ Credit Card

____ Visa ____ Master Card ____ American Express Card #: _____

Name on Card _____ Expiration Date: _____

I authorize the following amount to be charged against my credit card: \$ _____

Parent or Guardian Authorized Signature: _____

Make check payable to: TSFC

Return completed form and payment to:

Track Shack Fitness
1104 N. Mills Ave.
Orlando, FL 32803

Attn.: Junior Track Shack Fitness

••• INCOMPLETE OR UNSIGNED REGISTRATION FORMS WILL NOT BE ACCEPTED •••

Please complete the waiver on the back of this registration form.



Name: _____

INCOMPLETE OR UNSIGNED REGISTRATION FORMS WILL NOT BE ACCEPTED.
In the interest of your child's health and safety while in the training program,
we ask that you please read, initial, and abide by the following safety regulations:

- 1) If my child or the child in my care should suffer injury or illness I authorize officials of the race to use their discretion to have my child or the child in my care transported to a medical facility, and I take full responsibility for this action. INITIALS: _____
- 2) I attest and certify that my child or the child in my care is physically fit and has sufficiently trained for the completion of this event. INITIALS: _____
- 3) In consideration of my child's, or the child in my care, entry being accepted, I intend to be legally bound, and do hereby, for myself, my child or the child in my care, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to my child or the child in my care against Track Shack Events LLC, Track Shack of Orlando LLC, Track Shack Fitness Club, Event Marketing and Management International, Inc., and their sponsors from all claims or liabilities of any kind arising out of my participation in any of the Track Shack Fitness Training programs even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. INITIALS: _____

**HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT MY CHILD OR
THE CHILD IN MY CARE IS ENTERING THIS EVENT AT HIS/HER OWN RISK.**

Signature: _____ Date: _____