## Please Print Legibly

## ROXBURY ROAD RUNNERS CLUB

_	AMOUNT PAID:
Check One: SEASON MEMBER or (valid March-December 2024)	WEEKLY WAIVER
NAME	DATE OF BIRTH
ADDRESS	
(city)	
EMAIL	CELL#
EMERGENCY CONTACT: NAME:	CELL #:
I,	
Signature:	Date:
Parent's Signature if under 18 years:	