

2009 Sechelt Fall Tune-Up Cross Country Race

**ENTRY FORM**

Office use:  
BIB #

PLEASE PRINT CLEARLY.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Age on October 18/09 \_\_\_\_\_

Date of Birth (mm-dd-yy) \_\_\_\_\_

Club or School \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code \_\_\_\_\_

**Waiver** (must be signed):

In consideration of you permitting me to participate in this event, I hereby, for myself, executors, administrators and personal representatives, release the organizers of this event, their agents, B.C. Athletics, volunteers and the event sponsors from all liability, and I waive, as against the organizers, agents, B.C. Athletics, volunteers and event sponsors, all claims of any kind whatsoever I may have for personal injuries or property losses suffered by participation in this event. I certify that I have full knowledge of the risks involved in this event and I am physically fit and able to participate, and that unless indicated to the contrary by the signature of parent/guardian below, I am 19 years or older.

Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(if runner under 19)

**Fees (check one) By Oct 4 Oct 5-18**

Age 17 and under..... \$ 8 ..... \$10

Age 18+..... \$10..... \$15

2009 BC Athletics # \_\_\_\_\_

**BC Athletics members\* Deduct \$3**  \$ -3

\* "Athlete" or School members

**TOTAL: \$**

**MAIL TO:**

**8155 Westwood Rd., Halfmoon Bay BC V0N 1Y1**

**Cheques payable to: Sunshine Coast Athletics**

Office Use	Chq/mo	Cash	Amt	Date	Where	Initials
	<input type="checkbox"/>	<input type="checkbox"/>				