

# 2010 SFTC MEMBERSHIP APPLICATION

Membership year is January 1, 2010 through December 31, 2010

Individual membership \$12 \_\_\_\_\_

**MAIL TO: Maria Studholme  
SFTC Membership Chair  
452 Brookhill Drive  
Abingdon, VA 24210**

Family membership \$16 \_\_\_\_\_  
(Family membership applies only to those family members living at the same address)

New Member \_\_\_ or Renewal \_\_\_

Contribution to Scholarship Fund \_\_\_\_\_ Capital Fund \_\_\_\_\_ Make checks payable to SFTC

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PH: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

E-Mail address \_\_\_\_\_

FAMILY APPLICANTS -- List below all **additional** family members to be included in membership:

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

I would like to participate in the following activities (check those that apply):

- |   |   |
|---|---|
| _____ Help coordinate club activities                         | _____ Volunteer at races                  |
| _____ Help with club publicity/advertising                    | _____ Would like to become a club officer |
| _____ Help with fundraising activities                        | _____ Race management                     |
| _____ Can be called upon to help with various activities, etc |   |

Do you have any special skills/experience that you would like to share with SFTC?:

\_\_\_\_\_

Suggestions for SFTC (Road trips, club activities, fundraising, etc):

\_\_\_\_\_

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the State of Franklin Track Club and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE if under 18 years DATE