

**BEAT CITY MILERS MEMBERSHIP APPLICATION**

Please send completed application and check to:

Michael Medeska c/o Beat City Milers

50 Vine Hill Rd., West Hartford, CT 06110

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female

Interested in: (check all that apply)

\_\_\_\_ Group Runs \_\_\_\_ Race Team \_\_\_\_ Mountain Running \_\_\_\_ Road Running

\_\_\_\_ Trail Running \_\_\_\_ Adventure/Mud Runs \_\_\_\_ Awesome nicknames

Legal stuff that is important but written small:

I know that running is a potentially hazardous activity. I should not enter and run in club activites unless I am medically able and properly trained. I therefore waive and release any claims I may have against the Beat City Milers, it’s officers and members, and any other participant for any injury, illness or property loss which might occur while participating in any event sponsored by the club.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Signature of parent or legal guardian if applicant is under 18 years of age)

Individual Membership for 12 months: $10

Family Membership for 12 months: $25

Please fill out individual forms for each member of family and mail as a group with one check.