

## MEMBERSHIP FORM

For the year ending: 12/31/ Membership status:	——— New ——— Renew
Membership Type: Individual (\$20) Fami	ly (\$30)
Circle events that you would be interested in: SP-sprints MD-middl LD-long distance XC-cross country DH-decathlon/heptathalon Ri	
HD-hurdles TR-throws WP-weight pentathlon PV-pole va	ult RW-race
Name:	Birthdate:/
Address:	Apt. No.:
City: State: Cell. phone	Zip:
Sex: Age: Best days and hours to contact:	
Email address	
Family Memberships: Relationship  (Complete a form for each family member who are occupants in your complete and	our residence.)
Favorite competitions / distances:	
Please indicate the activities and committees in which you will par success of our club.	ticipate. Participation it these areas is critical to the
Activities:Track and FieldRoad Racing Other (specify)	
Committees:NewsletterAwardsO	
Scheduling Publicity	* *
Other (specify)	
Each club member is required to work at least one meet and event per	year.
To join our club, print and complete this form and mail with check pay to:	able to "Over The Hill Track Club"
Over the Hill Track Club	
5091 Hickory Drive Lyndhurst, Ohio 44124	
In consideration of my being accepted, I am in good health, have trained sulliciently intenheirs, executors and administrators waive, release and forever discharge any and all rights against Over The I fill Track Club", their officers, agents, representatives. successors and/o suffered by me in connection with my association with, entry in. or arising out of my travel events, and associated "Over The Hill Track Club" functions.	and claims for which I may have or whit may hereafter occur to me or assigns, for any and all damages which may be sustained or
Athletes Signature:	Date: / /
Parent or Guardian Signature:	
(Required if athlete is under age 18)	