



Athletic Alliance Running Club Membership Application

Member Information (please print or type)

| | | | |
|--|--|-----------|--|
| Name: | | | |
| Address: | | | |
| City: | | | |
| State: | | Zip Code: | |
| Birthday (MM/DD/YYYY): | | Gender: | |
| Telephone: | | | |
| E-Mail: | | | |
| <input type="checkbox"/> Do you wish to receive club e-mail? | | | |

Please make checks payable to:

Membership Fees:

| | |
|---------------------------------------|---|
| Athletic Alliance Running Club | \$25.00 Per Individual \$30.00 Per Household |
|---------------------------------------|---|

Please mail application(s) and check to:

**AARC
C/O Denis Spenard
18 Kalisz Lane
Manchester, 03109**

Please fill-out one application for each family member (including a signature if applicable).

Questions:

| Contact: | Phone: | Email: |
|----------------|--------------|----------------------------|
| Denise Spenard | 603-315-7400 | dspenard@eastersealsnh.org |

Sign & Date Here

Acknowledgement:

| | |
|--|--|
| Signature (Parent or guardian if under the age of 18): | |
| Date: | |

I, hereby for myself and my heirs, waive and release all claims and damages I may have against Athletic Alliance Running Club for any and all injuries sustained during my participation in any of the activities, events, or workouts of Athletic Alliance Running Club.