

Indiana Racewalkers' Club

New Membership Application

Family Last Name _____

Family Members First Name(s) _____ **Age** _____ **Age Group** _____ **Date of Birth** _____

_____ **Age** _____ **Age Group** _____ **Date of Birth** _____

_____ **Age** _____ **Age Group** _____ **Date of Birth** _____

_____ **Age** _____ **Age Group** _____ **Date of Birth** _____

Age Groups Youth (under 20)
 Open - 20-24, 25-29, 30-34, 35-39
 Masters - 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-90, >90

Address 1 _____

Address 2 _____

City, State Zip _____

Phone Numbers Home _____ Work _____ Other _____

Email Address _____

RELEASE: Upon submission of this application, I (we) agree to assume all risks associated with participating in any activity of the Indiana Racewalkers' Club. I (we) release all sponsors, officers, and any other persons assisting on a volunteer basis from all liability resulting from my (our) participation.

Printed Name	Signature	If under 18 – Guardian Signature	Date
Printed Name	Signature	If under 18 – Guardian Signature	Date
Printed Name	Signature	If under 18 – Guardian Signature	Date
Printed Name	Signature	If under 18 – Guardian Signature	Date

Fees:

Youth Membership	\$10.00	
1 Year Membership – Individual	\$18.00	
1 Year Membership – Family	\$24.00	
Total		

Send completed application and funds (make checks out to Indiana Racewalkers' Club) to:

Indiana Racewalker's Club
P.O. Box 1302
Indianapolis IN 46206