

# SISU XC DEVELOPMENT

**CHAMPIONS ARE MADE IN THE SUMMER**

**JULY 13 – AUGUST 7 : MWF : 5:00-6:30 PM**

**\$75 IN FULL      \$20 PER WEEK**  
**UTICA ROADRUNNERS MEMBERSHIP +\$10**

THE HARDEST PART ABOUT RUNNING IS TAKING THE FIRST STEP OUT THE DOOR. SISU XC DEVELOPMENT AIMS TO CHANGE THAT BY GETTING OUR YOUNG LOCAL RUNNERS TOGETHER TO BUILD A SOLID BASE DURING THE SUMMER FOR A SUCCESSFUL CROSS COUNTRY SEASON WHILE MAKING NEW FRIENDS WITH RUNNERS FROM OTHER SCHOOLS THAT THEY NORMALLY COMPETE AGAINST.

SISU XC DEVELOPMENT STARTS JULY 13 AND FINISHES AUGUST 7. THE TRAINING PROGRAM MEETS THREE DAYS PER WEEK ON MONDAY, WEDNESDAY, AND FRIDAY FROM 5-6:30PM. REGISTRATION IS \$75 WITH AN OPTION TO BECOME A MEMBER OF THE UTICA ROADRUNNERS FOR AN ADDITIONAL \$10. WEEKLY PAYMENTS ARE ALSO ACCEPTED AT \$20 PER WEEK. REGISTRATION INCREASES AFTER JULY 13 TO \$85 FOR THE SESSION OR \$25 PER WEEK. NOTE: THE PROGRAM MUST HAVE AT LEAST 5 REGISTERED RUNNERS TO BE RUN.

SISU XC DEVELOPMENT IS THE PROUD SUMMER TRAINING PROGRAM OF THE 2013 TRI-VALLEY LEAGUE VARSITY AND MODIFIED GIRLS' INDIVIDUAL XC CHAMPIONS AND 2012 TRI-VALLEY LEAGUE MODIFIED BOYS' AND MODIFIED GIRLS' INDIVIDUAL XC CHAMPIONS.

Participant Name: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F DOB: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Shirt Size: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL Session: \_\_\_ Full (\$75) \_\_\_ Weekly (\$20) Utica Roadrunners Membership: \_\_\_ Y (+\$10) \_\_\_ N

Parent/Guardian Name(s): \_\_\_\_\_ Emergency Contact Name(s): \_\_\_\_\_

Parent/Guardian Phone(s): \_\_\_\_\_ Emergency Contact Phone(s): \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_

**Waiver:** I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteer in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: JEREMY WEST, SISU ATHLETIC DEVELOPMENT, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releaseses or otherwise I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. I agree to allow my testimonials and opinions to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and or assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read the above waiver, understand its content, and consent to it.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver:** The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian. I hereby certify that I have read the above waiver, understand its content, and consent to it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to:** Sisu Athletic Development / 4810 Jenkins Road / Vernon, NY 13476

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## TRAINING INFORMATION

HOW MANY YEARS HAVE YOU BEEN RUNNING? \_\_\_\_\_

WHAT IS YOUR GREATEST AMOUNT OF MILES/MINUTES RAN IN ONE WEEK? \_\_\_\_\_

HOW MANY MILES/MINUTES ARE YOU CURRENTLY RUNNING PER WEEK? \_\_\_\_\_

HOW MANY DAYS PER WEEK ARE YOU CURRENTLY RUNNING? \_\_\_\_\_

## PERSONAL RECORDS

800M \_\_\_\_\_ 1500/1600M \_\_\_\_\_ 1.5 MILE \_\_\_\_\_ 3000/3200M \_\_\_\_\_

5K \_\_\_\_\_ 8K \_\_\_\_\_ 10K \_\_\_\_\_ 15K \_\_\_\_\_

## MEDICAL INFORMATION

ALLERGIES: \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF AND A BRIEF DESCRIPTION:

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SPECIAL DIETARY NEEDS: \_\_\_\_\_

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