

**EXCELL RUNNING CLUB**  
**REGISTRATION FORM**

This form must be returned by September 16<sup>th</sup>, to Mrs. Pate in the gym.

Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

My child \_\_\_\_\_, has my permission to attend EXCELL Running club from 3:00 to 3:30 on Monday and Thursdays beginning on *October 3<sup>rd</sup>, 2011*. Please pick your child(ren) up at **3:30 from the back parent drop off/pick up area**. This helps us ensure that all runners are accounted for and safe. Thank you!

\_\_\_\_\_ Yes, I would be willing to help during Running Club. I would prefer  
\_\_\_\_\_Monday \_\_\_\_\_Thursday

\_\_\_\_\_ Yes, I would be willing to help as a club photographer.

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

Names of people allowed to pick up your child and contact phone numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_