

2007 NYRR CLASS REGISTRATION FORM



Apply online at www.nyrr.org/classes or complete this form and send with payment to: NYRR Classes, 9 East 89th Street, New York, NY 10128, or fax (credit card payments only) to: 212.369.4704 or 212.831.1950.

PARTICIPANT INFORMATION (Only one application per participant, please.)

NYRR Membership No. _____

Name of Participant _____

Birth Date (month/day/year) _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

If registering for NYRR City Sports for Kids, this information is required:

Participant's School _____ Grade _____ Boy Girl

Name of Parent(s) _____

WAIVER

The undersigned, individually and, where applicable, on behalf of my child, understands the risks inherent in participating in fitness/exercise activities and hereby assumes all risks incident to such activities and, in consideration of your acceptance of this application, hereby waives and releases New York Road Runners Club, Inc. ("NYRR"), Road Runners Club of America, the City of New York, its agencies and departments, the persons or entities conducting such activities and/or owning the facilities where such activities are conducted, and all of the officers, directors, employees and agents of the foregoing, from all present and future claims and liabilities of any kind, known or unknown, arising out of my participation in such activities or use of such facilities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing. I grant permission to NYRR to use or to authorize others to use any photograph or other record of my participation in such activities for any legitimate purpose without remuneration to me.

Signature (participant or parent) _____

Date _____

JOIN NYRR

I want to join renew for a yearly membership fee of only \$40.* (optional—not required for classes)

*Membership fees vary for families, juniors/seniors, and special package deals. Please visit www.nyrr.org/membership or consult a membership application for details.

Membership Payment: \$ _____

RUNNING CLASS	START DATE <input type="checkbox"/> 1/2 or 1/4 <input type="checkbox"/> 3/13 or 3/15 <input type="checkbox"/> 5/22 or 5/24 <input type="checkbox"/> 7/31 or 8/2 <input type="checkbox"/> 10/9 or 10/11	LEVEL <input type="checkbox"/> beginner <input type="checkbox"/> advanced beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced intermediate <input type="checkbox"/> basic competitive <input type="checkbox"/> competitive <input type="checkbox"/> advanced competitive <input type="checkbox"/> super-advanced competitive	DAY <input type="checkbox"/> Tues. <input type="checkbox"/> Thurs. <input type="checkbox"/> Tues. and Thurs.	PRICE PER SESSION <input type="checkbox"/> Member once/week: \$90 <input type="checkbox"/> Member twice/week: \$150 <input type="checkbox"/> Non-member once/week: \$100 <input type="checkbox"/> Non-member twice/week: \$200 <input type="checkbox"/> \$5 discount if registering for 2 or more sessions <input type="checkbox"/> \$15 late fee if registering later than one week before Monday prior to session start	Total: \$ _____
STRENGTH AND FLEXIBILITY	START DATE <input type="checkbox"/> 2/1 <input type="checkbox"/> 3/1 <input type="checkbox"/> 4/5	<input type="checkbox"/> 5/3 <input type="checkbox"/> 6/7		PRICE-ONE SESSION (4 CLASSES) <input type="checkbox"/> Member: \$50 <input type="checkbox"/> Non-member: \$60	Total: \$ _____
DEEP WATER RUNNING	START DATE <input type="checkbox"/> 1/8 <input type="checkbox"/> 3/12 <input type="checkbox"/> 4/30		TIME <input type="checkbox"/> 6:10 p.m. or <input type="checkbox"/> 6:55 p.m.	PRICE PER SESSION <input type="checkbox"/> Member: \$140 <input type="checkbox"/> Non-member: \$150	Total: \$ _____
PILATES+ FOR RUNNERS	START DATE <input type="checkbox"/> 2/26 or 2/28 <input type="checkbox"/> 5/8 <input type="checkbox"/> 5/14 or 5/16	<input type="checkbox"/> 9/10 or 9/12 <input type="checkbox"/> 11/5 or 11/7		PRICE PER SESSION <input type="checkbox"/> Member: \$150 <input type="checkbox"/> Non-member: \$170 <input type="checkbox"/> Member 2-session: \$260 <input type="checkbox"/> Non-member 2-session: \$320	Total: \$ _____
RUNNERS BOOT CAMP	START DATE <input type="checkbox"/> 4/5 <input type="checkbox"/> 9/6			PRICE PER SESSION <input type="checkbox"/> Member: \$120 <input type="checkbox"/> Non-member: \$140	Total: \$ _____
HEALTHWALKING	START DATE <input type="checkbox"/> 4/7 or 4/10 <input type="checkbox"/> 5/5 or 5/8 <input type="checkbox"/> 6/2 or 6/5	<input type="checkbox"/> 9/4 or 9/8 <input type="checkbox"/> 10/2 or 10/6		PRICE PER SESSION <input type="checkbox"/> Member: \$40 <input type="checkbox"/> Non-member: \$50	Total: \$ _____
BRIX BIKE-RUN	START DATE <input type="checkbox"/> 5/1 or 5/3 <input type="checkbox"/> 6/19 or 6/21	<input type="checkbox"/> 8/7 or 8/9		PRICE PER SESSION <input type="checkbox"/> Member: \$135 <input type="checkbox"/> Non-member: \$160	Total: \$ _____
NYRR FOUNDATION CITY SPORTS FOR KIDS (for children born 1993-2001)	START DATE <input type="checkbox"/> 9/9			PRICE PER SESSION (non-refundable) <input type="checkbox"/> \$40 <input type="checkbox"/> \$_____ donation included (optional)	Total: \$ _____

PAYMENT

Enclosed is my check payable to **NYRR**. Improperly written checks will be returned.
Please charge my: Visa MasterCard American Express

Total Payment: \$ _____

Credit Card #

(debit cards not accepted)

Exp. Date

(month/year)

Cardholder Signature _____