



**ONE SCHOOL OF THE ARTS
RUNNING CLUB
REGISTRATION AND GUARDIAN RELEASE FORM**

Scholar's Information

Name: _____ Gender: _____

Day of Birth: ____ \ ____ \ ____ Age: _____

Parents/Guardian Information

Name: _____ Home/Cell: _____

Home Address: _____

Person(s) or agency having legal custody of this child. (Required!)

Home Address: _____ Cell Phone: _____

Two emergency contacts if parents cannot be reached (names & phone numbers required)

1. Name of emergency contact (Required!)

1. Phone (Required!)

2. Name of emergency contact (Required!)

2. Phone (Required!)



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Parent/Guardian Agreement

1. The parent/guardian authorizes One School to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.*
2. I agree to allow my child to participate in the One School Running Club and fully relieve the school and the running club supervisors of any legal liability that may arise during this program.
3. I give permission for my child to travel away from One School for the purpose of running at a different location. I realize that my child will be under the supervision of the adult members of the club and will travel in their privately owned vehicles with their parent, or a One School rented Van.

Signature of Custodial Parent or Guardian

Date

*If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.