

Cleveland West Road Runners Club

XC-TEAM Application

2010 Bay Days 5 Mile Road Race



8:30 AM July 4th, 2010

Bay High School

29230 Wolf Road, Bay Village, Ohio 44140

Discounted rates include bib number, online results, post race snacks,
T-shirt to every member of winning teams in a category, & individual age-graded awards.

2010 Rates for 5 to 7 member YOUTH TEAMS (top 5 score):

Any soccer, basketball, track, x-country, or other youth "team" are encouraged to participate

Each 14 and UNDER runner without shirt:	FREE!!! even if running on "varsity"
Each 15 and OVER runner without shirt:	\$5 per runner
Shirts:	\$7 per runner each runner may decide

1 FREE t-shirt for each team entered at Race Packet Pick-Up: *Second Sole*, 19341 Detroit Ave. 3:00 to 5:30 on July 2nd and 3rd

The Cleveland West Road Runners Club has instituted the team category of awards to spur interest in running and to eliminate bandits from the race. We understand the allure of running for free or on the cheap, but with modern concerns of liability, we believe a deeply discounted rate will provide a service to the High School and Middle School running community and ensure the safety of all concerned. Coaches will be responsible for: a.) Submitting a complete set of waivers for all team members; b.) collecting finish line popsicle sticks from athletes; and c.) Submitting the popsicle sticks to the assigned tables.

Athletes without numbers will be told not to run onto the track. If a non-registered athlete disobeys a race official and runs onto the track—even if they don't cross the finish line—then members of an affiliated registered team may be disqualified.

Coaches Sign Here: * _____

Team Name: _____

*Individual awards based on age / Coaches may enter as many teams in a given category as they wish
Teams may contain members younger than the age specified, but not older / **JV category is based on AGE***

Gender of Team: **Male** **Female**

Circle age:	H.S. VARSITY	JV / frosh	Middle School
	18 and under	14 and under	12 and under

Names and birthdates of team members (attach waivers signed by parent):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

for more information please e-mail Rich Oldrieve: BayDays@ cwrrc.org

***** Waiver – Each member of the team must fill out a waiver and return to their coach.
Parents or guardians MUST Sign for athletes under 18 yrs old.**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to; falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and headsets are not allowed in the race and I will abide by this guideline. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Cleveland West Road Runners Club, the Road Runners Club of America, the Cleveland Metroparks System, the City of Strongsville, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Name: _____ (Team Name _____)

Address: _____

City: _____

State: _____ Zip Code: _____ **TEAM Race Division: HS JV Middle**

Gender: **MALE / FEMALE** Birthdate ____/____/____ Age on Race Day: _____
(circle)

T Shirt Size: **Small MED LRG XL** Email: _____
(circle one)

Telephone Number: _____ High School Team: _____

Signature _____

Parent's Signature _____
(PARENT'S SIGNATURE IF RUNNER IS UNDER 18 yrs)

DATE REC'd	** Official Use Only **
AMOUNT:	BIB NUMBER ISSUED _____
Check #	

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