CostaCoast Sprinters, LLC Membership Agreement

Membership type : New Membership Re Membership starts:	
Name	·
Address	
City	State Zip Code
Home phone () e-mail addr	ress
Emergency Contact Name	Emergency Contact Phone Number ()
Which services/activities are you interested in: personal training/group training competing in USATF track events trail runs	meditation/stress managementacupuncture and Chinese medicineAsian Bodywork Therapy
· · · · · · · · · · · · · · · · · · ·	new for successive periods of equal length unless Member notifies the club of his/her intent to cancel his/her membership cludes memberships paying through automatic EFT/Credit Card payments. Member may cancel his or her membership at any
Waiver and Release of Liability (Initials)	
Date:	

e-mail completed Membership form to will@costacoastsprinters.com and payment on costacoastsprinters.com

(Parent or guardian must sign if applicant is under 18 years old)

Signature of Applicant