



MEMBERSHIP FORM 2017

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

Annual Membership Fee:

\$25 Individual Membership \$45 Family Membership

Sly Fox "DriFit" Track Club T-Shirt:

\$15 each Size: ____

Make Checks payable to: "Sly Fox Track Club" and send completed form to:
Sly Fox Track Club c/o Chris Bayless, 1339 Lynn Drive, Pottstown, PA 19464

I understand for myself, heirs, personal reps and assigns intending to be legally bound, do hereby waive and release all rights, claims, demands and or causes of action against the Sly Fox Track Club and all if its directors or reps for personal injury which I may sustain during any club activity or practice known to me or hereby discovered, and for any and all damages which I might occur now or in the future arising from or out of my participation in club events. I also release the Sly Fox Track Club for use of my image of myself taken during events for promotional purposes.

Signature: _____ Date: _____



Memberships good through December 31, renewable annually.