



CMS Membership Application

Please Print Clearly

Name: _____ New: ____ Renewal: ____ M ____ F ____

Mailing address: _____

Town: _____ State: _____ Zip code: _____ - _____

Date of birth: ____ / ____ / ____ Telephone numbers(s) _____

Email address: _____

Additional Family Members

Name(s)	M/F	Date of Birth
_____	____	____ / ____ / ____
_____	____	____ / ____ / ____
_____	____	____ / ____ / ____

Interest Areas

If you have an interest in one or more of the following activities, please let CMS know by circling the appropriate number(s):

- Race Volunteer** - Take a day off from racing and put in a day on the other side of the finish chutes.
- Race Director** - Have an idea for a new race or how to improve an existing one? Here's your chance to make it happen.
- Timing & Scoring Crew Chief** - You will be trained on how to oversee the mechanics of timing /scoring a road race.
- Board of Directors** – 8 of the 13 Board of Directors. Positions are filled by election. Any member can run for these positions
- Race reporting and Newsletter /Website staff** – Going to a Race? Write a story and become a published writer.
- Multisport** – Are you interested in duathlons or triathlons and want to find out about the multisport team?
- Relay Teams** –Teams are periodically assembled for multisport and running relays. Specify your interests: run, bike, swim.
- Website** - Editing, publishing, design.

Membership Waiver

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself, and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Central Massachusetts Striders, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature(s) (required): _____

Parent/guardian signature if under age 18 _____

Register online at www.cmsrun.org

Individual	Family
1 Year Individual \$20 ____	1 Year Family \$25 ____
2 Years Individual \$40 ____	2 Years Family \$50 ____
3 Years Individual \$60 ____	3 Years Family \$75 ____

Membership term runs from date received.
Please send check/money order and application to:
Central Mass Striders
PO Box 922,
Worcester, Ma 01613-0922