

**Attach payment and return/mail/fax/email to:**

St. Mary Magdalene Catholic Church

2252 Woodruff Rd., Simpsonville, SC 29681

Office: (864) 288-4884

Fax: (864) 297-5804

[athletics@smmcc.org](mailto:athletics@smmcc.org)

**RUNNING CLUB REGISTRATION**

**Registration Fees**

• Parishioner………………………………………..$30

A $5 discount may be applied to each additional family member’s Registration Fee.

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT RECEIPT OF CORRECT PAYMENT**

**Family Contact Information**

Parish Envelope No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Runner Information**

**Runner’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**During the last three months, how often did you walk/run consistently each week?**

\_\_\_ <1 times \_\_\_ 2-3 times \_\_\_ 4-5 times \_\_\_ 6-7 times

**During the last three months, approximately how long were your walks or runs?**

\_\_\_ <15 minutes \_\_\_ 16-20 minutes \_\_\_ 21-30 minutes \_\_\_ >30 minutes

**On a scale of 0-10, zero being a slower pace (more than 20 minutes per mile) and 10 being a faster pace (less than 8 minutes per mile), how would you rate your walking or running speed?**

\_\_\_ 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10

**What are you mostly interested in?**

\_\_\_ 3K \_\_\_ 5K \_\_\_ 8K \_\_\_ 10K \_\_\_ Half-Marathon \_\_\_ Marathon \_\_\_ Obstacle Course

**Jersey Size (circle)**

YS YM YL S M L XL XXL XXXL

**Please list all allergies, medical conditions, injuries or any additional information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WAIT! YOU’RE NOT DONE YET!**

You must also complete the Parental/Guardian Consent Form and Liability. Download the form under the “Registration” tab at [www.smmccsports.org](http://www.smmccsports.org), or pick up a copy at the church office.