

**Chicago Area Runners Association**  
203 North Wabash Avenue, Suite 1104 • Chicago, IL 60601  
Phone 312.666.9836 • Fax 312.781.1736  
You can also register online at [www.CARAruns.org](http://www.CARAruns.org)



**CARA's 2002 SPEED TRAINING TECHNIQUES with Coach Bill Leach**  
Session B July 11 – August 29 (Thursdays)

**YOUR INFORMATION**

Name \_\_\_\_\_ CARA # \_\_\_\_\_  
Address \_\_\_\_\_ Singlet    S    M    L    XL  
City, State, ZIP \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

**SESSION (check time preference)**    July 11 – Aug 29     6:00AM     6:30PM

**REGISTRATION FEES**

CARA Member (or joining CARA now) – enter \$85    \$ \_\_\_\_\_  
Non-Member – enter \$105    \$ \_\_\_\_\_

**CARA MEMBERSHIP – Join CARA and save \$20 on the program**

Individual –  1-Year (add \$35) –  2-Year (add \$60)    \$ \_\_\_\_\_  
Family –  1-Year (add \$50) –  2-Year (add \$70)    \$ \_\_\_\_\_

**TOTAL**    \$ \_\_\_\_\_

**PAYMENT METHOD (check one)**

Cash     Check     VISA     MasterCard     Discover

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

**NOTE --** You must sign the waiver below. The registration fee must be paid before beginning any program. **No refunds** will be issued in full or in part for any reason, including injury, after a program begins. **No prorated fees** are provided for late enrollments.

**WAIVER --** In consideration of being permitted to participate in this CARA program, I do hereby, for myself and heirs and personal representatives, release and discharge the Chicago Area Runners Association, Coach Bill Leach, Wendy's, New Balance, CLIF Bar, and their affiliates, agents, employees, officers, directors, successors, assigns, and all other persons connected with this program, from any and all liabilities on account of any injury, death, or damage growing out of my participation, whether caused by their negligence or otherwise. I am physically fit and sufficiently trained to participate in this program and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_