



The New England Center  
for Children®  
Autism Education and Research

**APPLICATION FOR TEAM NECC 2019**  
**New Balance Falmouth Road Race**  
Sunday, August 18, 2019

All pages of this application must be completed and returned to Robin Drew at the address below. Applications will be collected on a rolling basis, and applicants will be informed of their acceptance or denial in a timely manner as applications are received. **The final date for acceptance into the program is Friday, July 5th.**

**Send completed applications to:**

The New England Center for Children, Inc.  
Attn: Robin Drew  
33 Turnpike Road  
Southborough, MA 01772  
p: 508-481-1015 x4031  
f: 508-986-7244  
e: rdrew@necc.org

**BIOGRAPHICAL INFORMATION** *please print clearly*

NAME \_\_\_\_\_

MALE  FEMALE      DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ SINGLET SIZE \_\_\_\_\_

SOCIAL MEDIA SITES I USE:  FACEBOOK  LINKEDIN  TWITTER  INSTAGRAM

PERSONAL BLOG: \_\_\_\_\_

## MY MOTIVATION

How have you heard about The New England Center for Children (NECC)?

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Please describe why you would like to run for The New England Center for Children (NECC):

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## FUNDRAISING EXPERIENCE

Have you ever participated in a charity road race program before?  Yes  No

If yes, what is the most recent charity for whom you raised funds, and how much money did you raise?

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CHARITY NAME	\$AMOUNT RAISED
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What will your fundraising goal be for The New England Center for Children (NECC)? \$ \_\_\_\_\_

\*While the required fundraising minimum is set at **\$1,000 per runner**, we encourage team members to set a higher personal goal for themselves (NECC covers the \$175 entry fee for each runner, so consider including this in your fundraising goal). **Aim high, you'll be amazed what you can achieve!**

## RUNNING EXPERIENCE

Have you ever participated in the Falmouth Road Race before?  Yes  No

If yes, please list the most recent year and time it took you to complete the race.

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DATE	TIME
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If no, have you ever competed in another road race?  Yes  No

If yes, please list the most recent year and time it took you to complete the race.

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DATE	LOCATION	TIME
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**TERMS AND CONDITIONS**  
**New Balance Falmouth Road Race**  
Saturday, August 18, 2019

*Please read the following carefully before signing below.*

**Fundraising Commitment:** A fundraising minimum of \$1,000 is required for members of The New England Center for Children's Falmouth Road Race Team in order to receive an individual entry for the 2019 Falmouth Road Race.

**In the event that you do not meet the minimum donation requirement by August 26, 2019, The New England Center for Children (NECC®), reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made.**

**Falmouth Road Race Registration:** If selected, NECC will contact you and provide you with the code for online registration. NECC will pay the registration fee for the event; however, you are responsible for picking up your own bib and chip in Falmouth, MA, and for making necessary travel arrangements on the weekend of the race.

**Release Form and Contribution Agreement:** In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against The New England Center for Children (NECC®), its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and/or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$1,000 for NECC by August 26, 2019. If I have not reached the minimum in sponsorships by that date, I will personally be responsible for the balance owed. I understand that NECC reserves the right to charge the balance I owe to my credit card after August 26, 2019.

I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of NECC.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

In the event of an illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to NECC to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatments rendered to me including but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please list any allergies to medications \_\_\_\_\_