



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



***DO MORE...
BE MORE...
10K RUN/WALK***

MAY 26, 2012
THE LONGLEAF
TRACE PARKWAY
9:00 AM

SEE BACK FOR DETAILS AND REGISTRATION



**DO MORE...
BE MORE...
10K RUN/WALK**

**Saturday, May 26, 2012
Longleaf Trace Gateway
Race Start: 9:00 am**

Pre-registration thru May 22: YMCA and PBP members \$15
Non-members \$20
Registration after May 22: YMCA and PBP members \$20
Non-members \$25

Age Categories:

- Ages 0-14**
- 15-19**
- 20-29**
- 30-39**
- 40-49**
- 50-59**
- 60-69**
- 70+**

T-shirts guaranteed for all pre-registered entrees.
Prizes for First , Second, and Third Place Overall Winners.
Awards for top male and female in each age category.

Name_____ **Age on Race Day**___ **Gender**_____ **circle: Run Walk**
Address_____ **City**_____ **State**_____ **Zip**_____
Phone_____ **T-shirt size**_____
Email address_____

Emergency Contact: Please Print

Name_____ **Relationship**_____
Ph#_____ **Ph#**_____

Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability: Member agrees to cooperate with others in the accomplishment of the YMCA's accepted purpose. Member assumes all risks of the injury arising out of his or her presence on or about the premises or at another location, use of or intended use of equipment and facilities, or his or her participation in the activities of The Family YMCA, a not for profit corporation, and does hereby for himself, heirs, executors and administrators, **waive release and agree to hold free from all claims for damages** The Family YMCA, its branches, respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity or promotions. I declare myself/ family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of The Family YMCA.

Signature: _____ **Date:** _____ **Staff Int:** _____
(Parent's or Guardian's signature if under 18)

Date: _____ **Rec#** _____ **Check/Cash/CC** _____ **Staff** _____