



March 28, 2014 @ 7pm
REGISTRATION FORM

Name: _____ Age on Race Day: _____ Birthday ___/___/___

Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

T-SHIRT SIZE (circle one) YOUTH S M L or ADULT S M L XL XXL

Only pre-registered (by March 21) entrants are guaranteed a shirt on race day.

Male ___ or Female ___ Event (mark One) 5K Run _____ 5K Walk _____

5K Race Category (mark one) 0) ___ 1) ___ 2) ___ 3) ___ 4) ___ 5) ___ 6) ___

Emergency contact name _____ Number _____

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: _____

Registration forms can be dropped off at the Petal Family Y or Mailed to:

Petal Family YMCA

Att: Ann Culpepper

547 Hillcrest Loop Petal, Ms 39465

aculpepper@ymcasems.org

WWW.ymcasems.org (601) 583-9399

Make checks payable to Petal Family YMCA

Office use only: Date _____ Rec# _____ Amt: _____ Check/Cash/CC _____ Staff Initials: _____