

Due by: May 22, 2015 All checks paid to Stanly County Family YMCA – 427 North First Street Albemarle NC 28001

Name:	Birthdate:
Address:	City/Zip
Phone:	Email:
Emergency Contact Name:	Emergency Number:
T Shirt Size	YS YM YL S M L XL XXL
Parent/Guardian Name	Cell:
	mber to participate (\$10 per Fun Run/Walk) - June 6 □ Strong Communities Fun Run/Walk – August 22
Name:	Birthdate:
Name: T Shirt Size assume and understand the risks of my cons with other participants or spectators ipate. I authorize program staff to providual sustain, including death, I agree to saveers, contractors, and anyone else connections.	Birthdate:
Name: T Shirt Size assume and understand the risks of my cons with other participants or spectators ipate. I authorize program staff to providual sustain, including death, I agree to saveers, contractors, and anyone else connections.	Birthdate: S M L XL XXL hild participating in the Kid's Marathon program including death or injury due to fall, obstructions, sudden illness and all other risks. I attest that my child is physically de medical attention at my expense should my child appear in need. For injuries my and hold harmless the Stanly County Family YMCA, volunteers, program staff, sponted with the organization of this program, from any claim or lawsuit that may be brown, arising from my child's participation in this program.