



# YMCA 5K Shamrock Run Registration

All Ages 5 K Run/Walk

March 17<sup>th</sup> Start time 2:00 PM

Race Day Registration and Check-in begins at 12:30 PM at Central Park

**P-R-I-N-T NEATLY**

TEAM Name: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
(First) (Last)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

T-Shirt Size  Small  Medium  Large  X-Large  XX-Large

**Registration Fee: \$25-Members \$30-Non-Members**  
**To receive a T-shirt, registration must be received by March 8<sup>th</sup>**  
**May register on race day**

**WAIVER and AUTHORIZATION.** I certify that I am in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities; however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for me. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, and damage and for any claims or causes of action arising from my participation in the program. I give permission for media to be taken of me to be used for YMCA promotional purposes and sponsors.

**BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING**

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

**BRING COMPLETED FORM AND FEE TO:**

Baker County YMCA  
3715 Pocahontas Road  
Baker City, OR 97814

Phone  
(541)523-9622

**FOR OFFICE USE**

Amount Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date \_\_\_\_\_