

## **Individual Registration Form**

Friday, June 15<sup>th</sup> (Happy Hour Heat, 21+) and Saturday, June 16<sup>th</sup> (Saturday Scramble, ages 8+)

Individual Registration Costs	
Happy Hour Heat (6/15, 7pm, 21+)	Saturday Scramble (6/16, 9am & 11:30am, all ages
• February 1st to March 31 <sup>st</sup> - \$35	• February 1 <sup>st</sup> to March 31 <sup>st</sup> - \$30
<ul> <li>April 1<sup>st</sup> to April 30 - \$40</li> </ul>	<ul> <li>April 1<sup>st</sup> to April 30th - \$35</li> </ul>
<ul> <li>May 1<sup>st</sup> to June 11th - \$45</li> </ul>	• May 1 <sup>st</sup> to June 11 <sup>th</sup> - \$40
	Participants age 8-16 are \$25 throughout registration
Checks ca	an be made out to:
	t Shore YMCA
	: Tom Gifford All paper registration forms must
	North Front St be received with payment by
пантя	burg, PA 17101 Monday, June 11 <sup>th</sup> by 5pm
Please Select a Heat Time (there is a limit to 250 pe	ople per heat):
SATURDAY (Saturday Scramble) – 9am 1:  For more information visit <u>www.YMCARun.com</u>	1:30am
Name:	
Address:	
City:	
State: Zip:	Please print neatly to ensure we have the correct spelling for your
Telephone:	information
T-Shirt Size: circle one - S M L XL XXL	
Email:	_
Gender	

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

D.O.B.(mm/dd/yy) \_\_\_

Signature:	Date:
Parent's Signature (If younger than18):	