



Please select a heat:

9am _____ 11:30am _____

Family Registration Form

Saturday, June 17th

Family Member #1: Main Contact

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Shirt Size: (unisex) Sm M L XL XXL

Email _____

Gender _____

Date of Birth (mm/dd/yy) _____

Family Member #3

Name _____

Shirt Size: (unisex) Sm M L XL XXL

Gender _____

Date of Birth (mm/dd/yy) _____

Family Member #4

Name _____

Shirt Size: (unisex) Sm M L XL XXL

Gender _____

Date of Birth (mm/dd/yy) _____

Family Member #2

Name _____

Shirt Size: (unisex) Sm M L XL XXL

Gender _____

Date of Birth (mm/dd/yy) _____

Family Member #5

Name _____

Shirt Size: (unisex) Sm M L XL XXL

Gender _____

Date of Birth (mm/dd/yy) _____

Costs for ages 17+:

- February 10 to March 31st—\$30
- April 1st to May 31— \$35
- June 1st to June 14th—\$40

**Kids 8-16 only \$25
throughout registration!**
Minimum age is 8 years old

Mail check to:

East Shore YMCA
Attn: Tom Gifford
701 North Front St
Harrisburg, PA

Checks must be received by

Wednesday, June 14th
No Refunds

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.

Signature (Family Main Contact) _____

Date _____