



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA/Anniston Orthopaedics Spring 5K Run Saturday, April 25th, 2015



Time: 5K Race begins at 8:00 am
Place: Anniston YMCA 29 West 14th Street, Anniston AL 36201

Awards: 5K Awards presented to overall top 3–Male /Female; Top 3 in each age group
(11–Under) (12–14) (15–19) (20–24) (25–29) (30–34) (35–39)
(40–44) (45–49) (50–54) (55–59) (60–64) (65–69) (70 and over)

Registration: MORNING OF RACE: 6:30 am –7:45 am at Anniston YMCA

Mail check to: YMCA of Calhoun County /P.O. Box 1649/Anniston AL. 36202

Registrations accepted at Anniston YMCA or Oxford YMCA until 3 PM April 24th. After that participants must register morning of race.

Entry Fees: \$20 up through APRIL 11th; \$25 after April 11th

\$2 Off for ARC–No Runner’s Club discounts day of race, must pre-register

For more information call 256- 238-YMCA or 832-YMCA

Name: _____

Email: _____

Address: _____

City/St/Zip: _____

Track Club Affiliation: _____

Age _____ **Male/ Female (circle one)** **Phone Number:** _____

Shirt Size: Small--Medium--Large--Extra Large—2 X

In consideration of you accepting my entry as a participant in the YMCA of Calhoun County/Anniston Orthopaedics Spring 5K Run, I hereby release and discharge all sponsors: YMCA of Calhoun County and all sponsors and all their agents, officers, and administrators from any and all liability for illness, injuries, and damages arising from my participation in this event. I will additionally permit the free use of my name and pictures in broadcasts, telecasts, ETC... I further intend that my heirs, executors, administrators be bound by the release.

SIGNATURE: _____ **DATE** _____

Parents/Guardians must sign for those under 18yrs of age

Date Paid ____ **Receipt** ____ **CK#** ____ **Staff** ____