



**St. Clair County
Community Mental Health**
*Promoting Discovery & Recovery Opportunities
for Healthy Minds & Bodies*

Healthy Minds, Healthy Bodies Run for Recovery Saturday, May 11, 2019

Student Athlete Registration Form

Name of Child: _____ Gender: Male Female

Home Address: _____

City : _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____ Age: _____

Run Club Registration

- 1 Mile Walk - \$15 with shirt
- 1 Mile Timed Run (children 12 and under)- \$15 with shirt
- 5K Run- \$15 with Shirt

T-shirt Size:

- Adult (unisex): S M L XL 2X 3X
- Women's: S M L XL 2X 3X
- Youth: S M L
- No Shirt:

Parent/Guardian Signature

Date

In consideration of accepting this entry form, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims for damage I may have against this event, the sponsors of this event, its agents, representatives, successors, and assigns of any and all injuries suffered by me at said run/walk, or which may arise out of traveling to, participating in and returning from this event.