



**FIT
YOUTH
INITIATIVE**

Funded by the Goodman Foundation



Goodman
Community Center

FYI 5K REGISTRATION FORM

Participant Information

Child/Youth's Name (First) _____ (MI) _____ (Last) _____

Home Address _____ City _____ State _____ Zip _____

Birthdate _____ Today's Date _____ FYI or Girls Inc. Site Name: _____ Gender: Male Female Other

Parent/Guardian: (First) _____ (Last) _____

Email Address: _____ @ _____

Phone (circle preferred): Home: (____) _____ Cell: (____) _____ Work: (____) _____

Apparel:

T-shirt size (check one): **Youth** Small Medium Large **Adult** XS Small Medium Large XL 2X 3X

Do you have gym shoes or running shoes? Yes No If not, what shoe size? _____

Allergy warning: Skin contact with food coloring will occur. Balloons used in water balloon fight contain latex.

Liability waiver: I know that participating in a road race or fun run is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained. By my signature I certify that I am medically able to perform this event, I am in good health, and I am properly trained. I agree to abide by any decision of a race staff/volunteer/official relative to any aspect of my participation in this event, including the right of any race staff/ volunteer/official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event including, but not limited to: falls, contact with other race participants, the effects of the weather including heat and/or humidity, traffic, and the conditions of the road/bike-path, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates, or roller blades, and headphones or headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release The Goodman Community Center, Fit Youth Initiative, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Media waiver: I give my permission to the Goodman Community Center (GCC) and any agency affiliated with the center to use, print, copy, and reproduce any and all photographs, films, negatives, prints, audiotapes, videotapes, reproductions, and likeness or any kind now or hereinafter of my child/youth made by the GCC for advertising, publicity, display, or any purpose whatsoever without fees to be paid to my child/youth. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection there with or the use to which it may be applied.

In the event of an emergency, it is important that FYI/Girls Inc. staff have current information about your child's health and all emergency contact information. Please fill in this section entirely.

Physician Name _____ Preferred Hospital/Clinic _____

Relevant Conditions or Medications (Bee allergy, asthma, epi-pen, inhaler etc.) _____

Child's Name _____

Parent/Guardian Signature _____ Date _____

5K EVENT INFO

(post in visible area of your home)

Date: Saturday, July 9

Time: Registration at 1 p.m.

Race beings at 2 p.m.

Location: Goodman Community Center
149 Waubesa Street
Madison, WI 53704
608.241.1574