



HEALTH TRIP 2014 "Explore Your Trail"

January 11-April 30

REGISTRATION FORM GFPS Emp. _____ Altru Emp. _____

Select one:

Adult Participant (\$15) Youth Participant (17 and under \$7)

PLEASE PRINT Age _____ Youth Only

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Team Name: _____

Team Captain: _____

Individual

Shirt Size Adult Sizes: Small Medium Large X-Large XXL XXXL

Circle One Youth Sizes: 10/12 14/16

WAIVER

Inconsideration of your accepting this entry, I hereby myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the organizations holding this event, their agents, representatives, successors and assignees, for any and all injuries sustained by me at said event.

Signature: _____

Print Name: _____

Date: _____

FOR PARTICIPANTS UNDER 18:

I, the undersigned parent or legal guardian of the participant, hereby approve and confirm the above waiver and release:

Parent/Guardian Signature: _____

Print Name: _____

TEAM CAPTAIN USE ONLY

Please check reporting site of your choice:

Altru Medical Fitness Center

Choice Health & Wellness YMCA

Make checks payable to: YMCA - YMCA PO Box 13177 Grand Forks, ND 58208