WPS KIDS' POWER RUN REGISTRATION FORM

Please print neatly and fill out the entire form. Checks can be made to: Cellcom Green Bay Marathon

FIRST:|__|__|__|__|__|__|__|__| **LAST:** |__|__|__|__|__|__|__|__|__|__|

ADDRESS: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **APT:** |__|__|__

CITY: |__|__|__|__|__|__|__|__|__|__|__|__|__|__| **STATE:** |__|__| **ZIP:** |__|__|__|__|__|

EMAIL: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

PHONE: (__|__|__) - |__|__|__| - |__|__|__|__| ***ENTRY FEE: $10.00 PER CHILD***

GENDER: MALE FEMALE **AGE:** |__|__| **BIRTHDATE:** |__|__| - |__|__| - |__|__|__|__|

SHIRT SIZE: Youth XS S M L **Adult** S **BIB NUMBER:**

EMERGENCY CONTACT FIRST NAME:|__|__|__|__|__|__|__|__| **MI:** |__| **LAST:** |__|__|__|__|__|__|__|__|__|__|

ADDITIONAL CHILDREN:

FIRST:|__|__|__|__|__|__|__|__| **LAST:** |__|__|__|__|__|__|__|__|__|__|

GENDER: MALE FEMALE **AGE:** |__|__| **BIRTHDATE:** |__|__| - |__|__| - |__|__|__|__|

SHIRT SIZE: Youth XS S M L **Adult** S **BIB NUMBER:**

FIRST:|__|__|__|__|__|__|__|__| **LAST:** |__|__|__|__|__|__|__|__|__|__|

GENDER: MALE FEMALE **AGE:** |__|__| **BIRTHDATE:** |__|__| - |__|__| - |__|__|__|__|

SHIRT SIZE: Youth XS S M L **Adult** S **BIB NUMBER:**

FIRST:|__|__|__|__|__|__|__|__| **LAST:** |__|__|__|__|__|__|__|__|__|__|

GENDER: MALE FEMALE **AGE:** |__|__| **BIRTHDATE:** |__|__| - |__|__| - |__|__|__|__|

SHIRT SIZE: Youth XS S M L **Adult** S **BIB NUMBER:**

WAIVER: In consideration of the foregoing, I, for myself, my heirs, executers, administrators, personal representatives, successors and assigns waive and release any and all rights, claims, and causes of action I have or may have against The Cellcom Green Bay Marathon and its affiliates, their agents, employees, officers, directors, volunteer medical support, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as result of my participation in The Cellcom Green Bay Marathon and any pre and post-race activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I realize medical support for this event will consist primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and at the finish line. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.

TOTAL: _____

PARENT SIGNATURE: _____

DATE: _____