

The SKY Family YMCA - Englewood
The Warren Loranger Englewood YMCA



May 11, 2019



1975 Beach Road, Englewood, FL 34223

5K

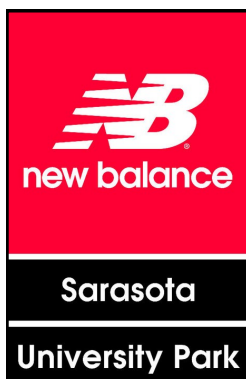
PLEASE CIRCLE THE RACE & PRICE YOU WILL RUN

- \$25** Per Person if Registered by 2/3
- \$35** Per Person 2/4 – 3/4
- \$40** Per Person 3/5 – 5/11 (Race Day)
- \$15** Per Youth (14 & Under)

HALF MARATHON

PLEASE CIRCLE THE RACE & PRICE YOU WILL RUN

- \$70** Per Person if Registered by 2/3
- \$80** Per Person if Registered by 2/4 – 3/4
- \$99** Per Person if Registered by 3/5 – 5/11 (Race Day)



Pre-registration at:

www.runsignup.com

OR In person at Sky Family YMCA Englewood
701 Medical Blvd, Englewood FL 34223

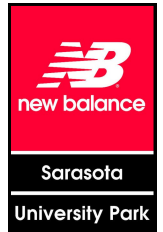
Englewood YMCA 5K - Saturday, May 11, 2019

Race Location : The Sand Bar Tiki & Grille
1975 Beach Road
Englewood, FL 33223

Packet Pickup : Thursday, May 9 3-5pm
At the Englewood YMCA

Day of Registration : Begins at 6:00am @ The Sand Bar
Half Marathon starts at 7:15am
5K starts at 7:30am

Awards : Awards 3 deep in each 5 year age division
Race t-shirts as well



PLEASE FILL OUT REGISTRATION FORM LEGIBLY AND COMPLETELY. THANK YOU

					/ /
Last Name	First Name	M	F	Age	D.O.B.
Address			City		State & Zip
Phone		E-Mail Address			Shirt Size S M L XL XXL
<p><small>In consideration for my being accepted, I intend to be legally bound and do hereby for myself, heirs, executors and administrators release and relinquish all rights and claims for damages which I may have or which may hereinafter accrue to me against The Sky Family YMCA, Inc., Durti Timing, Charlotte County Parks & Recreation & Sarasota County, their directors, officers, agents, members, volunteers, successors, assigns and all their sponsors and supporters for any and all damages or injuries which may be sustained and suffered by me in consideration with my association with or entry or participation in an event itself. I also covenant with the aforementioned persons and entities not to sue any of such persons for any activity, including the negligence of such persons and entities. I certify that I have represented by my application for entry that my physical condition and training for this event is adequate to participate safely in the event and I acknowledge that I am familiar with the distances, rigors and the risk of the events involved. If I should suffer injury or illness, I authorize any official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I hereby agree that in the event of a race cancellation due to a storm, rain, wind, inclement weather or other "Acts of God", my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial Use.</small></p>					
Emergency Contact: _____				Contact Phone # _____	
Signature (Parent if under 18)			Date:	\$ Total:	
Would you like to make a one time donation of <input type="checkbox"/> \$1 <input type="checkbox"/> \$3 <input type="checkbox"/> \$5 or <input type="checkbox"/> other \$ _____ to support YMCA scholarship fund?					
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="text"/>	Exp.	No Refunds	
Make Checks Payable to and Mail To: The SKY Family YMCA 5K / 701 Medical Blvd / Englewood / FL / 34223					

Don't forget to inquire about our Triathlon!

New Date Coming!!!

ENGLEWOOD YMCA 701 Medical Blvd, Englewood, FL 34223 (941-475-1234)