

MAC HOLIDAY FITNESS SERIES REGISTRATION FORM

Mail or Drop Off: Meade Activity Center, 493 Lawrence St. Brandenburg, KY 40108

Financial assistance is available for those who demonstrate a need.
A financial assistance form and proof of income, including a copy of your 2011 tax return is required. Call for details.

Registration Information: Spots can fill quickly, so please register early. Registration is on a first come-first serve basis.

PARTICIPANT INFORMATION (Please complete entire form as all information is needed for MAC grant opportunities)

Name: First			Middle			Last			Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Date of Birth (Month/Day/Year)			Age		Home Phone			Cell or Secondary Phone				
Family E-mail				Race			Place of Employment					
Home Address						City/State/Zip						
Parent/Guardian (If Applicable)				Date of Birth		Place of Employment			Work Phone		Cell/Pager	
Parent/Guardian (If Applicable)				Date of Birth		Place of Employment			Work Phone		Cell/Pager	
Primary Physician				Physician's Address					Physician's Phone Number			
Please list any allergies or medical conditions you have:												
Please list any medications you are currently taking and for what condition:												

Race Codes:
HBK-Hobknob Over Bee Knob
JBT-Jingle Bell Trot
NYD-New Year's Day Fun Run

Please circle the Races in which you plan to attend:

1	November 17	HBK
2	December 4 FREE	JBT
3	January 1	NYD

Registration Fee: Adult (16 & up)	\$15
Child (15 & under)	\$10
Number of Adult Races _____ Number of Child Races _____	
TOTAL PAYMENT ENCLOSED _____	
Payment can be made by check, cash, or money order.	

As indicated, The Series will include the HobKnob Over Bee Knob, the Jingle Bell Trot, and the New Year's Day Fun Run. THE JINGLE BELL TROT WILL REMAIN A FREE EVENT FOR THE COMMUNITY.



Please Read and Sign the Following:
In consideration for being permitted to participate with the Meade Activity Center for any purpose including but not limited to utilization and/or observation of its facilities, services, and programs, without respect to location, the undersigned, for himself or herself and any personal representatives, assigns, heirs, and next of kin hereby agrees to release, waive and discharge the MAC, its directors, officers, Board of Directors, and agents from all liability for any loss or damage to personal property, and/or any claims or demands therefor on account of injury or death of the undersigned. The undersigned agrees that the forgoing Release and waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Kentucky. The Undersigned also acknowledges that he/she has both read and voluntarily signed this Release and Waiver of Liability. I have read the Release.

Signature: _____

I give the MAC permission to use my photo or child's photo in promotional literature
_____ Yes _____ No

Signature: _____ Print Name: _____

Date: _____ Tee Shirt Size: Adult/Child S M L XL 2X