

# 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 2013 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 as of 11/15		Home Phone				Cell or Secondary Phone			
Family E-mail					Race/Ethnicity			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:													

Please circle the events and race lengths in which you plan to attend:

1	Hobknob Over Beeknob	NOV 16	1 Mile
			5K
			10K
2	Jingle Bell Trot <b>FREE</b>	DEC 5	2.5 Mile
3	New Year's Day Race	JAN 1	5K
			10K

*\*Shirts for all races will be ordered in advance. Any person registering after the following dates will not be guaranteed a specific size for events.*

**SHIRT ORDER DATES**

- Hobknob Over Bee Knob – October 30<sup>th</sup>.
- Jingle Bell Trot – November 15
- New Year's Fun Run – December 13<sup>th</sup>.



Registration Fee: <b>Adult (16 &amp; up)</b> .....	<b>\$20</b>
<b>Child (15 &amp; under)</b> .....	<b>\$10</b>
<b>\$5.00 Fee for Late Registration (Day Of Race)</b>	
Number of Adult Events ____	Number of Child Events ____
<b>TOTAL PAYMENT ENCLOSED</b> _____	
<i>Payment can be made by check, cash, or credit/debit card. (Day of Event: Cash or Check)</i>	

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