

# MAC JINGLE BELL TROT REGISTRATION FORM

**Mail or Drop Off:** Meade Activity Center, 493 Lawrence Street, Brandenburg, KY 40108

**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/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:												

**T-SHIRT SELECTION**

**T-Shirt Size** *(circle one)*

**Youth:** Small/Medium/Large

**Adult:** Small/Medium/Large/X Large/2X

- **T-Shirt Deadline** to assure a particular size - **November 16**



***\*Shirts will be ordered in advance. Any person registering after the deadline below will have to order a shirt that is not guaranteed to be available on race day. \*It is NOT likely that Race Day Registrations will receive a shirt on the day of the event.***

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: \_\_\_\_\_