

Registration Form

Participant Information:

Full Name: _____

Age: _____

Gender: Male Female

Email Address: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip code: _____



Registration at 7:30am

Race begins at 8:30am

Linden Tigers Stadium

Gibbons Street

Emergency Contact

Name _____

Phone Number: _____

Relationship: _____

Team Information

Do you want to join or create a team?

No Join a team Create a team

Waivers & Agreements

Please read the following waivers and agreements carefully. They include releases of liability and waiver of legal rights, and deprive you of the ability to sue certain parties. By signing, you are agreeing, you acknowledge that you have both read and understood all text presented to you as part of the registration process.

If under 18, parental consent: I hereby give my child permission to participate in any and all activities involved with the race listed above. A contact can be reached at the cellphone number referred to above, but if emergency medical care or treatment is necessary and if I cannot be contacted, I hereby authorize the race director and/or his/her designee to act on my behalf and approve appropriate treatment

Signature: _____

Date: _____

Signature of Runner Parent (if racer is less than 18): _____ Date: _____

Pre-Registration Fee: \$25.00 • High School Students: \$20.00 • Day of Registration: \$40.00
