



CSSR PTO Family Fun 5K Run/Walk

To promote fitness & healthy living for our families!



When: Saturday, April 7th, 2012 (Rain or Shine)
Health & Safety Vendor Fair from 8:30am-12pm
Race Registration 8:45am-9:45am
Race Starts at 10:00am

Where: Chestnut Hill Community School, 59 State Street

Pre-registration Fees

Registration form and payment

MUST BE RECEIVED BY FRIDAY, MARCH 16th, 2012 To receive discounted fee and t-shirt.

5K Run/Walk: \$17.00 (Ages 18+)

\$12 (Ages 17 & under)

1 Mile Family Friendly Walk: \$5 (Ages 3+ thru adult)

Registration Fees (If received March 17th or after)

5K Run/Walk: \$20.00 (All ages)

1 Mile Family Friendly Walk: \$5 (All ages)

Registration does not include a t-shirt.

Additional t-shirts may be available for purchase, but cannot be guaranteed.



For the safety of all participants and attendees, we kindly request that all children be supervised by a parent or guardian throughout the event. Also, for the safety and comfort of all, **NO DOGS** will be allowed at the event.

The first registered 100 runners to finish 5K will receive a fantastic bag full of goodies and prizes for winning categories will be given out!

Additional T-shirts may be available for purchase at race, but cannot be guaranteed.

Send registration forms payable to CSSRPTO, 57 State Street, Belchertown, MA

For questions email: FunRun@cssrpto.org.

Please visit www.cssrpto.org to download additional copies of this form.

*****Please use ONE form for EACH participant (including kids)*****

Name: _____ Age: _____ Gender: _____

Email: (No spam, required for future road race info): _____

Mailing Address: _____

Please Circle One: 5K Run/Walk 1 Mile Family Walk

T-shirt Size(Please circle one): Adult XL L M S Child L M S

In consideration of this application being accepted, I hereby for myself, heirs, executors, and administration waive and release any and all rights and claims for damages I have against CSSRPTO and all other agencies, representatives, successors, and assigns for any and all injuries suffered at said event or while traveling to or returning from. I attest I am physically fit to compete in this event. I understand that for safety purposes, headphones are not allowed to be worn. For the safety and comfort of all attending the event, I understand that **NO DOGS** will be allowed on premises the day of the event. I understand that the 5K route will leave school grounds.

Signature of Participant (Or Guardian if under 18): _____

*I acknowledge if my child is participating they will have a parent or guardian supervision for their safety

Total Amount Enclosed (additional donations are greatly appreciated): _____

The Cold Spring Swift River PTO is a Certified 501 (c) (3) Organization (Non-Profit).

A letter of determination is available upon request.