

**SPRING FLING  
REGISTRATION FORM**

**Name:**

**Address:**

**Race Running:**            5K                       10K                       1/2M

**Age on April 17, 2010**

**Shirt Size:**        S     M     L     XL     XXL

<b>Preregistration Date: April 10, 2010</b>		<b>After April 10th</b>	
5K	\$20.00	5K	\$25.00
10K	\$25.00	10K	\$30.00
1/2 M	\$30.00	1/2 M	\$35.00

**Male**                       **Female**

**Phone Number:**

**Email:**

**I know that a run/walk event is a potentially hazardous activity. I know I should not enter a run/walk event unless I am medically able and properly trained. I agree to abide by any decision of a race official regarding my ability to safely complete the event. I assume all risk associated with entering this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and conditions of the road, such risks being known by me. Having read this waiver, I release The St. Joseph School District, its employees and agents, and individuals acting on SJSD's behalf including race directors and volunteers, the City of St. Joseph, its employees and agents including the St Joseph Police Department.**

**Signature (Parent or Guardian if under 18):**  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Please detach form and mail to:**

**Jeff Sullivan  
2602 Edmond  
St. Joseph, MO 64501**

**Please make checks out to Central High School**

**If you have any questions please contact us at  
816-671-4080  
816-248-2717  
or at  
jeff.sullivan@sjsd.k12.mo.us**