

2015 TigerFit Fun Run



JOIN US AS WE
PARTNER WITH
THE EMERGENCY
ASSISTANCE
CENTER
TO HELP
STOP HUNGER!

PLEASE BRING ANY TYPE OF
CANNED FRUIT TO DONATE ON THE
DAY OF THE RACE.

2 mile run / walk and U.S. Army Push-up and Sit-up Challenge on Saturday, April 25th at 10:00am

Race begins behind R.B. Chamberlin School and ends on the Twinsburg High School football field.

T-shirt WITH PRE-REGISTRATION ONLY! PRE-REGISTRATION ENDS APRIL 16th!

GUARDIAN NAME

(First) (MI) (Last)

PHONE _____ EMAIL _____

FAMILY MEMBERS TO PARTICIPATE

Shirts only provided for those who register before April 16th

		Shirt Size-Circle one		Circle one	Fee
		Youth	Adult		
Name _____	Birth Date ____/____/____	S M L	S M L XL XXL XXXL	M / F	\$7.50
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Name _____	Birth Date ____/____/____	S M L	S M L XL XXL XXXL	M / F	\$7.50
Name _____	Birth Date ____/____/____	S M L	S M L XL XXL XXXL	M / F	\$7.50
Name _____	Birth Date ____/____/____	S M L	S M L XL XXL XXXL	M / F	\$7.50
TOTAL DUE					

REGISTRATION FORMS AND PAYMENTS MUST BE RECEIVED BY APRIL 16th FOR T-SHIRTS

Mail Registration Form and Payment to : **Twinsburg City Schools Wellness Committee**
10084 Ravenna Road
Twinsburg, OH 44087

Please make checks payable to: Twinsburg City Schools Wellness Committee

I, the participant, the parent, or legal guardian of the participant, a voluntary participant in this program sponsored by the Twinsburg City School District, am aware that there are certain risks of injury involved in any activity. Bearing in mind and with full knowledge of the physical capabilities or limitations of myself/my child, I hereby agree to assume for myself/my child such risk of injury. I further agree to indemnify and hold harmless the Twinsburg City School District, their administrators, employees or agents against any claim for injury to persons or property which may result from my/my child's participation in this activity. I further agree that I/my child abide by the rules and supervision of the Twinsburg City School District. My signature gives my permission for images of myself/my child to be used by the Twinsburg City School District for newspapers, grant proposals, official web sites etc. I may rescind my permission at any time. No compensation will be given. This information is an official document of the Twinsburg City School District. Falsification thereon may subject the applicant to civil and/or criminal penalties which may include fines and/or forfeiture of fees. I agree to adhere to all TCSD policies.

Signature

Date