

**McCall Relays Registration Form**  
 Starr Garden (6<sup>th</sup> and Lombard Streets)  
 Sunday, April 30th  
 2:00 to 4:00 PM

- \$20.00 registration fee for students  
 (Family discount of \$15 per child for 2 or more siblings!)
- \$10.00 for parents and teachers.
  - \* Entry fee includes unlimited races, t-shirt, race bib, and refreshments!
  - \* Races: ½ lap, 1 and 2 laps, relays, and by age/grade.
  - \* **Race will be held rain or shine, fee is non-refundable.**
  - \* McCall students: please submit forms to teachers.
  - \* All other participants: please drop forms off in the McCall office or register in person on April 30<sup>th</sup> at Starr Garden.
  - \* Questions? Please contact Sheri at sherifeinberg4@gmail.com or Lauren at laurenalice@gmail.com.

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**Please make check payable to "McCall HSA"**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ McCall student? Y/N If yes, Grade \_\_\_\_\_ Room# \_\_\_\_\_  
 T-shirt size: Youth: \_\_\_S\_\_\_M \_\_\_L\_\_\_ Adult \_\_\_S\_\_\_M \_\_\_L\_\_\_XL

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ McCall student? Y/N If yes, Grade \_\_\_\_\_ Room# \_\_\_\_\_  
 T-shirt size: Youth: \_\_\_S\_\_\_M \_\_\_L\_\_\_ Adult \_\_\_S\_\_\_M \_\_\_L\_\_\_XL

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ McCall student? Y/N If yes, Grade \_\_\_\_\_ Room# \_\_\_\_\_  
 T-shirt size: Youth: \_\_\_S\_\_\_M \_\_\_L\_\_\_ Adult \_\_\_S\_\_\_M \_\_\_L\_\_\_XL

Adult's Name \_\_\_\_\_ T-shirt size: Adult \_\_\_S\_\_\_M \_\_\_L\_\_\_XL  
 Adult's Name \_\_\_\_\_ T-shirt size: Adult \_\_\_S\_\_\_M \_\_\_L\_\_\_XL

Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Emergency Contact Information: Name and Phone Number: \_\_\_\_\_

McCall Relays involves running in a series of relays – a strenuous activity that may include risks such as, but not limited to, physical exertion, falls and contact with other participants. I hereby expressly assume all risks, including personal injury, arising out of my participation or my child's participation in McCall Relays and related activities during the event. I represent and warrant that I or my child is physically fit and able to participate in McCall Relays. I or my child agree(s) to stop and request assistance if there is any symptoms, such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other condition that would make it difficult or unsafe to continue the relays or related activities.

<b>Participant's (18 years or older) Printed Name</b>	<b>Signature</b>	<b>Date</b>
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<b>Parent/Guardian's Printed Name</b>	<b>Signature</b>	<b>Date</b>
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