

**REGISTRATION FORM
FROZEN FEET 5K**

16 North Street Extension
Rutland, VT 05701
802-773-1822

<hr/> Print Participant's Last Name
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HOUSEHOLD INFORMATION

Last Name _____ First Name _____
 Street _____ Town _____
 State ____ Zip ____ Home # _____
 Work # _____ Cell # _____
 Household E-mail _____

REGISTRATION INFORMATION (Please Print)

1. Participant's Full Name _____
 M ___ F ___ Birth Date _____ Age ___ T-shirt size _____

REGISTRATION INFORMATION (Please Print)

2. Participant's Full Name _____
 M ___ F ___ Birth Date _____ Age ___ T-shirt size _____

REGISTRATION INFORMATION (Please Print)

3. Participant's Full Name _____
 M ___ F ___ Birth Date _____ Age ___ T-shirt size _____

Please Print		
Emergency Contact _____	Relationship _____	
Emergency Phone # Home _____	Work _____	Cell _____

REGISTRATION INFORMATION (Please note yes or no for each option below)

TITLE	FEE
FROZEN FEET 5K	\$5 – race only
	\$15 – shirt only
	\$20 – race & shirt
	Total

PAYMENT TYPE: Cash _____ Check (payable to "Rutland Recreation Dep't) Check # _____ Check Name _____

SPECIAL CONCERNS: List any special needs or concerns of participant: _____

WAIVER: I realize that, as with any physical activity there is a possible risk of injury to myself and/or my child while participating in this activity. I agree to assume the risk of injury which I or my child might suffer while involved in the Rutland Recreation and Parks Department activity and I will not hold the City of Rutland, or its staff and volunteers and Rutland Country Club liable for any injuries which I and/or my child may suffer while participating in these activities. I consent to the use of my child's and/or my photo, video, artwork, etc. to be used by the department for flyers, brochures and other methods of advertising.

Signature _____ Date _____
 (parent if under 18)