



# Light Up The Night 5K

Saturday, December 7, 2017 4:00 p.m.  
Smith River Sports Complex  
To benefit Youth in Motion

**When:** Saturday, December 7, 2019 race begins at 4:00 p.m.

**Where:** Smith River Sports Complex

**Registration:** \$25 for Single Runners or \$35 for Stroller Runners (includes a t-shirt for your little person) until November 25th (with a t-shirt guarantee); \$30/\$40 from November 26th-December 6th (no t-shirt guarantee); \$35/\$45 Race Day Registration

**Includes:** Race swag, pre-race festivities, on-course aid station, and post-race food!

**Awards:** Overall Male/Female Winners and Male/Female Age Groups (5 year increments beginning at 9 & under)

**Packet Pick-up:** Friday, Dec. 6, 12-6:00, Martinsville Y & Saturday, Dec. 7, 2:30-3:30 Smith River Sports Complex

Please complete and return with registration fee to either YMCA

Individual Runner     Stroller Runner

GOTR/STRIDE Team Association \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age as of race day \_\_\_\_\_ Male/Female (please circle)

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Child's Name (stroller division ONLY) \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size (please check one for individual runner or two for stroller division)

***No shirt guarantee after November 25***

\_\_ Youth XS    \_\_ Youth S    \_\_ Youth Med    \_\_ Youth Lg  
\_\_ Adult S    \_\_ Adult M    \_\_ Adult LG    \_\_ Adult XL    \_\_ Adult XXL

Waiver: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Light Up The Night 5K Event, and do hereby release, the Family YMCA Inc., all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all rules for participation, and acknowledge that the event committee may refuse my entry at its discretion. I further grant permission for the YMCA to use any photographs, motion pictures or other recording of the event for legitimate purposes. I HAVE NOTED ANY MEDICAL CONDITIONS on the reverse side of this form. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event.

Entry Signature: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

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

(required of entrants under 18)

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Presented By:

Title Sponsors:

