



TRENTON Y5K

5TH ANNUAL • 2017

PRESENTING SPONSOR



SATURDAY, SEPTEMBER 9, 2017

REGISTRATION FORM

SELECT ONE

- 5K (begins @ 9 am) 1-Mile Walk (begins @ 9:15 am)

Name _____

Address _____

City, State Zip _____

Phone _____

Email _____

Date of Birth _____

Age as of 9/02/17 _____

USATF - NJ # _____



I know that running a road race is potentially a hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I assume all risks associated with running this event including, but not limited to falls, contact with other participants, the effects of weather, including heat and humidity, traffic and the conditions of the road and such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I hereby release the YMCA of Trenton, City of Trenton, Positive Solutions, and all their sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use photographs, motion pictures, recording, or any record of event for any legitimate purpose. This is a road race and is not intended for individuals with bicycles, baby joggers, baby strollers, animals on leashes, skateboards and skates.

Signature _____ Date _____

Parent's signature (if under 18) _____ Date _____



NEW 2017 LOCATION!

The College of New Jersey (TCNJ)

2000 Pennington Road, Ewing

Day-of Registration Opens @ 7:30 am

REGISTER ONLINE

at trentonymca.org

or complete and return this form and submit with your payment by Tuesday, August 1.

Age group Awards • Music Commemorative T-shirts

(for pre-registered adults through Aug. 1, then while supplies last)

ADULT REGISTRATION:

5K Adult Pre-entry Fee \$25

USATF-NJ \$22 • Day-of Race Fee \$30

CHILD REGISTRATION:

5K Child Pre-entry Fee \$15 (<12)

Day-of Race Fee \$20 (<12)

Gender (circle one) M F

Adult t-shirt size (circle one) S M L XL

Age Group (check one)

- Under 12 Teen (<19) Adult Senior (55+)

Total Amount Due _____

Check (enclosed payable to YMCA of Trenton)

Credit Card (Visa, Mastercard, or Amex)

Number _____

Exp. Date _____ SID # _____

Name on Card _____

Signature _____

Date _____

Mail this form with your payment to:

YMCA of Trenton, 431 Pennington Avenue,
Trenton, NJ 08618