



SYRACUSE KID OLYMPICS

Saturday, August 25, 2018, 10:00AM
Harold Schrock Athletic Complex

REGISTRATION FORM

(Open to grades K-5)

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail of Parent/Guardian: _____

Boy: _____ Girl: _____ Grade (2018-2019 year): _____ Fee: **\$5.00 per child**

Please circle events child will be participating in. Participants may compete in any or all events of their choosing:

All Events

40 Yard Dash

Baseball/Softball Toss

Broad Jump

Soccer Kick

Obstacle Course

Hurdles

Divisions & Schedule			
Grades	4-5	2-3	K-1
All participants are asked to be checked in by 9:45AM. The event will begin at 10:00AM.			

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: (____) _____

Relationship to Participant: _____

Do you want to receive monthly e-newsletters with future Syracuse Parks program and event information? Yes ___ No ___

WAIVER AND RELEASE OF LIABILITY

I, undersigned, assume all risks and hazards incidental to such participation in the above mentioned Syracuse Parks & Recreation Department activity; and I hereby, waive, release, absolve indemnity, and agree to hold harmless the Town of Syracuse, Syracuse Parks and Recreation Department and the program instructors, organizers, sponsors, etc. for any claim arising out of injury to my child. Participation is at my child's own risk. There is no medical coverage. I also understand that the Syracuse Parks & Recreation Department may take photographs of participants enrolled in the activity and use them for future promotional purposes.

Signature

Printed Name

Date

PLEASE MAKE CHECKS PAYABLE TO: SYRACUSE PARKS DEPARTMENT, 1013 NORTH LONG DR. SYRACUSE, IN 46567