Archer Lodge Road Race
Registration Form

Registration Fee: **$20**
$15 (12 and under)

Name: _____
Address: _____
Phone:_____ Age:_____ Shirt Size:____ Sex:_____

Are you presently taking any medications? Yes_____ No____
If so, please list: _____

I will be participating in the... (circle one)

1 mile 5K

I am:
12 & under _____
13 – 49 _____
50 & over _____

I understand that the Archer Lodge Community Center is not liable for any injury or health problems related to my participation in this road race. I hereby take full responsibility for any accidents or injuries that may occur.

_____
Signature (Guardian must sign if under 18) Date

In case of emergency contact: Name:_____
Phone:_____

Make checks payable to the "Archer Lodge Community Center"

Paid:_____