



# Race Assistance & Registration Form

Race assistance have been provided by the Saint Alphonsus Foundation, Treasure Valley Family YMCA and generous donors to make sure that all children have the opportunity to participate in the race.

Please return to– [Allison.evaro@ymcatvidaho.org](mailto:Allison.evaro@ymcatvidaho.org) or mail YMCA/ Attention Allison Evaro, 1050 W State St. Boise, 83702 A \*You will receive an email confirming receipt of your form and a link to the registration. A code will be issued to you in the email for you to use when registering. The code will change your fee to what the confirmed amount in the email.

Child's Name \_\_\_\_\_ School \_\_\_\_\_  
Please Print First Name Last Name

Birth date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ T-shirt size \_\_\_\_\_ (Youth)S,M,L (Adult)S,M,L,XL

Parent(s) Name \_\_\_\_\_  
Please Print First Name Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ wk. phone \_\_\_\_\_ home \_\_\_\_\_

\*Email \_\_\_\_\_

*Please check one:*

- I can provide \$\_\_\_\_\_ for my child's registration (enclosed), but request a partial fee waiver of \$\_\_\_\_\_
- I am requesting a full fee waiver of \$20.

*Briefly describe the reason for applying for financial assistance:*

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I certify this information is true and complete to the best of my knowledge and that providing false information is grounds for removal from this program for which assistance may be received. I understand and agree that Saint Alphonsus may make contacts to verify this information. I also understand all information will remain confidential.

RELEASE: In consideration of the acceptance of this entry, the undersigned, the parent or legal guardian of the race applicant listed herein, intending to be legally bound for the race applicant and myself, our heirs, executor, and administrators, do hereby release any and all sponsors, the City of Boise, Saint Alphonsus Regional Medical Center, race directors, workers, supporters, volunteers, and the directors, officers, employees and agents of such parties, their representatives, successors and assign from any and all liability arising from illness or injuries the race applicant or I may suffer as a result of participation in this race. I attest and verify that the race applicant is physically fit and has sufficiently trained for the completion of this race. I agree that any sponsor may subsequently use for publicity and promotional purposes race applicant's name and photographs, videotapes, motions pictures, and recordings of race applicant participating in this event without obligation or liability to race applicant or me. I also understand that entry fees are not refundable. I have read the foregoing and certify my agreement by my signature here:

Signature \_\_\_\_\_ Date \_\_\_\_\_