



Doctors Nova Scotia Youth Run

Registration Form

Saturday, June 1, 2019

The Big Fiddle- Joan Harris Pavilion



Arrive by: 9:00 am

Activities Start: 9:30 am Run Start: 10:00 am

This run/walk is for Preschool, Elementary and Middle School age children
Parents/guardians check that all information on this form is correct and sign the waiver below.

Runner's Information

_____ First Name		_____ Last Name	
_____ Mailing/Street Address		_____ City	_____ Prov.
		_____ Postal Code	
_____ Phone		_____ Parent email for updates on youth running	
_____ School/Preschool Name		_____ Grade/Class	
_____ Female/Male/Other	_____ Date of Birth (DD/MM/YY)	_____ Contact phone number on race day	

Please check one of the following:

Preschool

Elementary

Middle School

T-Shirt Size (circle one): Youth: S(6-8) M(10-12) L (14-16) Adult: S M L XL 2XL

Medical Conditions

Waiver: A parent or legal guardian must sign the following waiver.

This document will affect you and your child's legal rights. Please read carefully before signing. I, as Parent/Guardian of my child recognizes and understands the risk associated with taking part in the youth run. I hereby affirm my child has trained for and is physically capable of completing the Doctors Nova Scotia Youth Run, such race being conducted under the auspices of the Cape Breton Fiddlers Run Association. I consent for my child to receive medical treatment, which may be advisable in the event of illness or injury during this event. My child and I agree to comply with rules, regulations and instructions of the Cape Breton Fiddlers Run Association and in consideration of acceptance of this entry by the Cape Breton Fiddlers Run Association, my child, for himself/herself and anyone entitled to act on his/her behalf, waives and releases any and all claims for injuries or damages he/she has against the Cape Breton Fiddlers Run Association, its Directors and employees, Doctors Nova Scotia, its Directors or employees, any municipalities associated with this event, the province of Nova Scotia, race volunteers, sponsors and/or their agents and representatives arising out of my child's participation in this event, including pre and post race events. I hereby agree that all photographs videos or any images taken by the representatives or agents of the Cape Breton Fiddlers Run Association are the property of the Cape Breton Fiddlers Run Association and may be used without permission of the photographed person.

Parent/Guardian: _____ Date: _____

Registration fee: \$10.00 is non-refundable and non-transferable under any circumstances. Please make cheque payable to the Cape Breton Fiddlers Run and mail to 40 Damion Street, Sydney River, N.S., B1S 3C7. Registration forms must be received by May 10th, 2019.

PLEASE NOTE: NO PARKING ON SITE OR THE START LINE CORRIDOR

Office Use Only:

Paid with Cash: _____ or Cheque: _____