

**FOOTHILLS CHARITY TRIATHLON  
REGISTRATION FORM  
Kids Fun Run**

LAST NAME \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV. \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MALE: \_\_\_ FEMALE: \_\_\_ AGE: \_\_\_

BIRTHDATE : \_\_\_\_\_ ( D, M, Y)

**ALTA. HEALTH CARE #** \_\_\_\_\_

**PAYMENT INFORMATION**

\_\_\_ **INDIVIDUAL \$5.00 for ATA day insurance**  
*(PROVIDES YOU WITH MANDATORY ATA INSURANCE  
COVERAGE FOR THE RACE.)*

\_\_\_ **Optional t-shirt - \$10.00**

-Circle a size - Kids S M L

-Adult S M L

Pledge forms are available on our website  
if you would like to raise some money for  
children in Ethiopia and Okotoks with your  
run.

**OPTIONAL DONATION TO KIDS HOPE  
ETHIOPIA** \_\_\_\_\_ (tax receipts given  
for donations over \$10- please make donation  
cheque payable to CHOIR)

**TOTAL:** \_\_\_\_\_

**I** \_\_\_\_\_, the parent/guardian of  
\_\_\_\_\_, acknowledge his/ her  
participation in the Foothills Charity Kids Fun  
Run

**SIGNATURE** \_\_\_\_\_

PLEASE MAKE RACE FEE CHEQUES PAYABLE TO:  
**FOOTHILLS CHARITY TRIATHLON**

Mail in form and signed waiver to:  
**FOOTHILLS CHARITY TRIATHLON  
109 WESTRIDGE CLOSE  
OKOTOKS, AB T1S 1N4**

**Kids Fun Run Distances**  
5 and under 25m  
Ages 6-7 100m  
Ages 8-9 200m  
Ages 10- 12 500 m  
Ages 12 and over 1 km

**ACKNOWLEDGEMENT OF RISK  
FOR KIDS FUN RUN JULY 10, 2010**

I acknowledge that my child's participation in the running race may result in personal injury to my child due to the inherent risks associated with running, especially on public roads and pathways. I accept responsibility for these risks.

In consideration for my child's participation in the Alberta Triathlon sanctioned event, I agree that the Foothills Charity Triathlon Society, Canadian Humanitarian, The Town of Okotoks, The Municipal District of Foothills and the Alberta Triathlon Society, its directors, officers, employees, coaches, volunteers, members and agents shall not be held liable for any injury or loss my child might suffer from any such participation, unless such loss shall be caused by the negligence of any of the above named while acting within the scope of their duties.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

**Good luck with your training and  
the gathering of pledges. Thank  
you for helping other children  
towards a brighter future! We will  
see you on July 10<sup>th</sup>!**

