



CMS Family Fun Run

Entry Form: (please print clearly) **PLEASE RETURN TO CMS FRONT OFFICE**

Date: Friday
October 30, 2015
12:30-2:30pm

Location: Clarksville
Middle School

Registration:
Complete this form and
return to CMS

**T-shirts guaranteed
to those who register
by October 9th.**

Cost: \$20 per person

**Event will be held
Rain or Shine!**

Awards: Top Finisher
(Boy & Girl),
Costumes-Ugliest,
Most Like Superhero,
Scariest, Colorful,
Halloweeny, Twins

**Costumes are
optional, not
required!**

Family Name _____
E-mail _____
Phone Number _____

List of Registrants:	Shirt Size (Please Circle One)
Parent _____	Adult XS S M L XL
Parent _____	XS S M L XL
Student _____	XS S M L XL
Grade/Teacher _____	
Student _____	XS S M L XL
Grade/Teacher _____	
Student _____	XS S M L XL
Grade/Teacher _____	
Sibling _____	XS S M L XL
Sibling _____	XS S M L XL

Number of Participants: _____ x \$20 = _____

Cash or Check (payable to CMS PTA)

Parent Permission:
 My child _____ has my
 permission to stay after school on Friday October 30th to participate in the CMS
 Halloween Fun Run. **I understand I must pick my child up at 2:30 pm.**

My child _____ has my permission to walk home after the event.

Please complete waiver on back →

Maryland State PTA
5 Central Avenue
Glen Burnie, MD 21061

PARENT'S APPROVAL AND STUDENT WAIVER
AND PARTICIPANTS WAIVER

Name all Family Members:

will participate in the PTA sponsored Fun Run event for the school year 2015 to 2016.

The undersigned parent or guardian assumes all risks in connection with the family's participation in any and all of the PTA sponsored activities.

I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive release and discharge The Clarksville Middle School PTA, The Maryland State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property or to myself in connection with participation in these activities, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief said parties are in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

If none, please write none.

Parent/Guardian/Participant Signature

Date

Printed Name