



Rally # _____

Age Grp: (Circle One)

5-7 / 8-11 / 12-15

Brownwood Bike Rally & Run Youth Participant Registration Form

Child's First Name _____ Last Name _____

Team Name (if any) _____ Age: ____ Date of Birth: _____

Street Address _____

City _____ State ____ Zip Code _____

Email: _____ Tee Shirt Size: XS / S / M / Lg / XL / XXL

My child has my permission to participate in the following events:

_____ 5K Run/Walk (8:00am) _____ Bike Races & Bike Rodeo (9:30am-12:30pm)

Parent/Guardian First Name _____ Last Name _____

Home Phone _____ Cell Phone/Pager _____

Email: _____

Emergency Contact (Name): _____ Phone: _____

Relationship to child: _____

Doctor: _____ Phone _____

Child's Physical Condition—Please list any physical or mental defects (Epilepsy, Heart Murmur, Asthma) which your child may have, and any other special medical information:

I, the parent or guardian of the above-named child, hereby give my approval for his/her participation in the Brownwood Bike Rally & Run, a series of bicycle races, foot races, rides and games in and around Brownwood Park. I assume all risks and hazards incidental to the conduct of the activities at the event. In the event of any injury or loss to my child, I hereby release, absolve, indemnify and hold harmless the East Atlanta Kids Club, the organizers of the activity, sponsors, supervisors, and volunteers, any and all of them. I hereby waive all claims against the East Atlanta Kids Club, its supervisors, sponsors and volunteers related to this event. Further, I hereby give my permission to the person in charge of the event to take my child or children to a doctor or hospital in case of injury.

Parent or Guardian's Name (Print) _____

Signature _____

Phone where I can be reached on Saturday, during the event _____