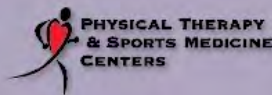


SATURDAY APRIL 15TH 2017 | CAMP HARKNESS, WATERFORD, CT
REGISTRATION OPENS AT 8AM • 1K STARTS 9AM • 5K STARTS 10AM
WWW.SOUTHEASTSOCCERCLUB.COM TO REGISTER

2017 RUN TO RECOVERY 5K

BRAIN INJURY AWARENESS & CONCUSSION PREVENTION

FILOMENA'S



REGISTRATION FORM

MAKE CHECKS PAYABLE TO:
 SOUTHEAST SOCCER CLUB, 15 LEARY DRIVE, WATERFORD, CT 06385

FIRST NAME: _____ LAST NAME: _____

AGE: _____ SEX: MALE FEMALE
 (PLEASE CIRCLE)

EVENT:

5K (\$25.00 PRE-REGISTRATION/\$35.00 DAY OF REGISTRATION)

1K (\$25.00 PRE-REGISTRATION/\$35.00 DAY OF REGISTRATION)

WALK (FREE)

FREE NIKE T-SHIRT SIZE:

YL AL
 AS AXL
 AM

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

ARE YOU AFFILIATED WITH A CURRENT SSC TEAM?

YES IF YES, WHICH AGE: _____

NO IF NO, WHICH TOWN DO YOU PLAY FOR? _____

PHONE: _____ EMAIL: _____

WAIVER: IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I, THE BELOW SIGNED, INTENDING TO BE LEGALLY BOUND, FOR MYSELF, MY HEIRS, MY EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE RACE, AND SPONSORS AND THEIR REPRESENTATIVES, SUCCESSORS AND ASSIGN FOR ANY AND ALL INJURIES SUFFERED BY ME OR MY FAMILY IN SAID EVENT. I ATTEST THAT I WILL PARTICIPATE IN THIS EVENT AS A FOOTRACE, THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED FOR THE COMPLETION OF THIS EVENT. FURTHERMORE, I HEREBY GRANT FULL PERMISSION TO USE MY NAME AND LIKENESS, AS WELL AS ANY PHOTOGRAPHS AND ANY RECORD OF THIS EVENT IN WHICH I MAY APPEAR FOR ANY LEGITIMATE PURPOSE, INCLUDING ADVERTISING AND PROMOTION. ANY PARTICIPANT WHO REGISTERS, PAYS IN FULL BUT DOES NOT ATTEND OR RUN IN THE EVENT WILL NOT BE REFUNDED.

SIGNATURE: _____ DATE: _____
 (PARENT'S SIGNATURE REQUIRE IF PARTICIPANT IS UNDER 18)

PARENT'S SIGNATURE: _____

----- FOR INTERNAL USE ONLY -----

CHECK #: _____ CLUB SIGNATURE: _____