

**SCHEDULE OF EVENTS 2/6/16**

- 8:00-10AM 5K REGISTRATION (TRACK & FIELD)
- 9:00AM 5K RACE BEGINS
- 10:00AM 5K CANCER WALK & FAMILY RUN BEGINS
- 10:00-1PM FOOD CARNIVAL, LIVE MUSIC, HEALTH FAIR, VENDOR BOOTHS OPEN



**Mail Registration Form to:**

Covina High School  
 C/O Colt Day 5K  
 463 S. Hollenbeck Ave.  
 Covina, CA 91723

**Note:**

Mail in Registrations must be postmarked no later than January 27<sup>th</sup>, 2016

**Race/Walk beginning on the track at Covina High School**

Adults = \$20, Children under 12 = \$15

Family Run / Walk = \$70 (Any team combo of students, parents and children, MAX. 5 people)

\* Same day registration = \$25 (Shirts while supplies last, \$20 no shirt) [www.covinatrack.com](http://www.covinatrack.com)

**Colt Day 5K Registration Form 2/6/16**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Age 2/7/15

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Male \_\_\_ Female  
Gender

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Shirt Size

For Teams: (please list name, age and shirt size for each member)

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Shirt Size

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Shirt Size

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Shirt Size

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Shirt Size

Waiver In consideration of acceptance of my entry, I for myself, (and my family members on a family team), executors, administrators and assignees do hereby release and discharge the Colt Day 5K and any affiliated individuals, Covina High School and its employees, Covina-Valley Unified School District and its employees, and all other sponsors and associates for claims of damages, demands, actions whatsoever, in any manner arising or growing out of my/(and my family's) participation in said athletic event, Further, I hereby grant full permission to any of the foregoing to use any photographs, videotapes, motion picture recording or any other record of this event. I attest and verify that I have full knowledge of the risks involved in this event and I am/(and my family members are) physically fit and sufficiently trained to participate in this event.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN WAIVER -- PARENT'S SIGNATURE IF UNDER 18 YEARS OLD**

**Fees:**

**ADULT:**

\$ \_\_\_\_\_

**CHILD:**

\$ \_\_\_\_\_

**TEAM:**

\$ \_\_\_\_\_

**DONATION:**

\$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

Please make check payable to:  
**Covina High School**

For Colt Day Staff  
 Use Only:

Payment Received  
On: \_\_\_\_\_

Cash: \_\_\_\_\_

Check: \_\_\_\_\_

Check #: \_\_\_\_\_