



REGISTRATION Sat, April 28, 2018

*We, the members of the
Batavia Mothers' Club
Foundation, dedicate
ourselves to improving the
quality of life of the children of
our community through
philanthropic endeavors. For
more information or to
become a member, please
visit our website,
www.bataviamothersclub.org.*

Send forms and payment to:
Batavia Mothers' Club Foundation
Attn: Fox Trot
P.O. Box 91
Batavia, IL 60510

BMCF use
only: bib# _____

Last Name _____ First name _____ M.I. _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Date of Birth _____ Age on 4/28/18 _____
Email _____
Emergency Contact Person _____ Phone _____

Event (Circle One)	Fee per person	After 4/26	Gender: (circle)	Male	Female
5K	\$30	\$35			
5K Stroller	\$30	\$35	T-Shirt Adult size (circle):	S	M L XL
10K	\$40	\$45	(Sizes guaranteed to first 300 entrants registered before 4/1)		

Kids' Fun Run	free (\$10 Suggested Donation) no shirt for kids' run	(circle one) Junior Jog (Pre-1st grade) 1/4mi Youth Run (2nd-5th grade) 1mi
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TOTAL\$ _____

Payment Method:

Credit Card: Visa Mastercard Check

Credit Card # _____ Exp Date _____ CVV _____

Waiver: Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above event, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above event. I recognize and acknowledge that there are certain risks of physical injury to participants in the above event and I agree to assume the full risk of any such activities connected with any such program. I waive and relinquish all claims I or my child/ward may have against the Batavia Mothers' Club Foundation and its officers, agents from any and all claims from injuries, damage, or loss which I or my child/ward may have or which may occur to me or my child/ward in the above event. I further agree to indemnify and hold harmless and defend the Batavia Mothers' Club Foundation and its officers, agents and members from any and all claims resulting from injuries, damages, and losses sustained by me or my child/ward, and arising out of, connected with, or in any way associated with the activities of any program(s). (Parents sign for child under 18*)

Signature **UNSIGNED ENTRIES WILL BE RETURNED**

Date _____