



**2012 Kms for Care Registration Form - TEAM & FAMILY EVENTS**  
**April 15, 2012**

Please fill in ALL sections of this form and drop off at your local Community Care Peterborough office or mail to:  
**Attn: Kms for Care Registration, Community Care, 180 Barnardo Avenue, Peterborough, ON K9H 5V3**

Team Leader First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: ON \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sex:  Female  Male Date of birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age on April 15, 2012: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Choose Your Event:**

✓	Event	Entry Fees			
<input type="checkbox"/>	5 km Team Challenge Run	\$150 until Jan 15	\$180 until Mar 15	\$210 until Apr 14	No same day registration
<input type="checkbox"/>	5 km Team Challenge Walk				
<input type="checkbox"/>	1 km Family Fun Run	\$50 until Apr 14			\$55 on Race Day

**Choose Your Shirt Size:**

Technical Shirt (5 km events only):  XS  S  M  L  XL  XXL (unisex sizes)

T-shirt Size (1 km Fun Run only):  XS  S  M  L  XL  XXL (adult sizes)

**Choose Your Team Name: \_\_\_\_\_ (List additional members below)**

Name: _____	Date of birth: _____	Age on Race Day: _____	Shirt Size: _____
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**Choose Your Method of Payment: (no refunds)**

Cash  Cheque enclosed (payable to Community Care Peterborough)  MasterCard  Visa

Card #: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

I am fully aware and recognize the risks associated with participating in Kms for Care and acknowledge that these risks may cause serious injury to my health, including death. I also fully understand the rigors of such an event and that training and preparation are required, and certify that I am solely responsible for my own fitness level and am prepared and ready to participate in this event. I acknowledge that I may need medical assistance for an injury or illness and agree to accept the first aid that may be administered by the race organization. I also recognize that I will be solely responsible for any cost associated with a medical condition/injury inherited by participating in any of the events. I am aware and understand that any of the information I have provided to register may be listed on a safe protected website indicating the registered persons. I am also aware and give consent to any photographer that will be taking pictures at the event, and to the use of these photos in the media and/or to promote future events.  
 By signing this document, I acknowledge, understand and agree to all the terms outlined.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_