



# KIDS ON THE RUN

## YMCA Youth

## Running Club Ages 8 & up



**Session I: April 29-June 22**  
**Mon., Wed., Fri....3:30-5:00pm**  
**Saturdays...9:00-10:30 am**

**Session II: June 24-Sept. 4**  
**Mon., Wed., Fri....5:00-6:00pm**  
**Saturdays...9:00-10:30 am**

**Fee: FREE for Y-Members General Public \$120**

**For more information or to register call or visit the Auburn YMCA,  
27 William Street Auburn, NY 315.253.5304 auburnymca.org**

### 2019 Auburn YMCA Pulsars Running Club

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent #'s: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Contact (if parent is not available): Name: \_\_\_\_\_

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

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Medical Concerns:  Uses inhaler  Uses Epi Pen  Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

I give my permission for the above child to participate in the Auburn Y Pulsars Running Club I herby authorize emergency medical treatment to be administered in the event I am not available. I further understand that the club is not responsible for children prior to the start or after dismissal of the program. I the parent/guardian of the registrant herby release and hold harmless the Auburn Y Pulsars Running Club sponsors and supervisors. In case of injury to my child , I hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Auburn YMCA-WEIU \* 27 William St. Auburn NY 13021\* 315\*253-5304\* www.auburnymca.org