



## **COCOA YMCA CANDY CANE 5K RUN/WALK** **SATURDAY, DECEMBER 19, 2015 AT 8:00AM**

**COCOA YMCA, 1519 CLEARLAKE RD. BLDG 18, COCOA, FL 32922**

**Call the YMCA @ 321-433-7770 or go to [www.runningzone.com](http://www.runningzone.com) for more info**

### **Timetable:**

**Early Registration: now to**

**Friday, December 11<sup>th</sup> – 8:00pm**

**Late registration December 12<sup>th</sup>-19<sup>th</sup>**

**Saturday, December 19<sup>th</sup>**

**6:30 am Packet Pickup and Registration**

**7:30 am End of late registration**

**8:00 am 5K Starts**

### **Awards:**

**-Top Male & Female**

**Age Groups – Top 3 Male and Female**

**9 & under**

**10-13 40-49**

**14-19 50-59**

**20-29 60-69**

**30-39 70+**

### **Entry Fees:**

**Now thru Friday, December 11<sup>th</sup> – \$20**

**Saturday, December 12<sup>th</sup> – Saturday,  
December 19<sup>th</sup> - \$35**

**Race T-Shirts given to the  
1<sup>st</sup> 100 entries received!!**

### **Cocoa YMCA Candy Cane 5K Run/Walk – OFFICIAL ENTRY FORM**

**Deliver or Send completed entry form with to: COCOA YMCA, 1519 CLEARLAKE RD. BLDG 18, COCOA, FL 32922**

**Must be postmarked by December 12<sup>th</sup>, 2015 to assure we will receive the entry in time for the race.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Email \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male Female Please note adult shirt size: S M L XL

### **WAIVER – INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED**

I understand the Central Florida YMCA assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or from my participation in any athletic activity sports programs, use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself, and my heirs that I assume the risk for any and all injuries and illness, which may result from my participation in these activities. I hereby release the Central Florida YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of participation in these activities. I understand the Central Florida YMCA is not responsible for personal property lost or stolen while members and/or program participants are on premises. I give my permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which might include my image or voice for purposes of interpreting YMCA programs. I acknowledge the waiver set forth above, and being in sympathy of the YMCA, agree to sign the waiver.

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

Parent or legal guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_