

Saturday December 4, 2010

4th Annual Eagles Trail Run

Event: 1 Mile/ 5K Location: Behind Vela Middle School/Linear Trail



Time: 1 Mile male at 7:30 am 1 Mile female 7:45 am 5K at 8:00 am

Circle one Event:

1 MILE

Male _____ Female _____

Categories: 6 & under _____ 7-8 _____ 9-10 _____ 11-12 _____ 13-15 _____ 16-19 _____ 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60 & over _____

5K

Male _____ Female _____

Categories: 14 & under _____ 15-19 _____ 20-24 _____ 25-29 _____ 30-34 _____
35-39 _____ 40-44 _____ 45-49 _____ 50-54 _____ 55-59 _____ 60 & over _____

A School with 10 or more the cost is 8.00 per students. Awards to 1st 2nd and 3rd place in each category.

Ribbons to all participants

Registration fee: \$10 before Nov.22 Shirt Size: Circle Size: YM YL YXL /Adult S M L XL \$15 day of event or after Nov. 22. Shirt is guaranteed if registered by Nov. 22, 2010

Package Pick-up: Dec. 2nd and 3rd from 4-7pm Location: In front of Vela Middle School

Last Name: _____ First Name: _____
Address: _____ City _____ State: _____
Email: _____ Phone: () _____ Age: _____

RELEASE OF LIABILITY: In consideration for the acceptance of my entry, I, for myself, my executers, administrators and assignees do hereby release & discharges BISD, andallsponsors, race officials, volunteers, and employees for all claims arising or growing out of my participation in the "Vela Eagles Trail Run". I attest and verify that I am physically fit and sufficiently trained to participate in the same. I hereby grant full permission to the released parties to use photographs, videotape, and other recordings of the participant in connection with this event. FOR THE PARENT OR GUARDIAN: I, as a parent of the applicant, represent to the releases that the facts herein concerning my child or ward are true. I give my permission for my child or ward to participate in the "Vela Eagles Trail Run". I further agree, individually and on behalf of my child or ward, to the terms of the above agreement.

Print: _____ Sign: _____ Date _____
(Participant, Parent, or Guardian)

Contact: Sonia Corbeil (956) 698-0733 or (956) 346-7514 Email: sjcorbeil@bisd.