



Town of Schroepel
Department of Community Services
69 Co. Rt. 57A, Phoenix, New York 13135
695-2801 FAX 695-3231
hknipp@townofschroepel.com

Office Use Only:	
Date Paid:	_____
Amount Paid:	_____
Cash _____	Check# _____
Online Registration _____	
Res _____	Non Res _____
Additional Notes _____	

TOWN OF SCHROEPEL
Celebrating The Shadow
3K WALK/RUN
April 8, 2024



PARTICIPANT _____

LAST

FIRST

ADDRESS _____

CITY _____ ZIP _____

PHONE# _____ CELL# _____ EMAIL _____

Do you live in the Town of Schroepel? ____ YES ____ NO

3K Walk/Run: YES / NO SHIRT: YES / NO

****SHIRT ORDER/QUANTITY: (\$10/each)****

Youth: S: _____ M: _____ L: _____ XL: _____

Adult: S: _____ M: _____ L: _____ XL: _____ XXL: _____ XXXL: _____

Person to notify in emergency _____ Phone: _____

Relationship to participant _____

Hospital Preference, if any _____

****CONSENT FOR MINOR IF NOT ACCOMPANIED BY PARENT/GUARDIAN**

Parent/Guardian's Name (please print) _____

MEDICAL TREATMENT OF A MINOR**

I understand that there is no accident or injury insurance coverage for injuries incurred in this program. I give permission for my child to participate in the Community Services Youth Track & Field Program. I hereby give my consent for all medical care prescribed by a licensed Doctor of Medicine for (child's name) _____ as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to the life, limb, or well-being of my dependent.

Date: _____ **Signed:** _____

I give my permission for my child to be photographed for publicity purposes.

Date: _____ **Signed:** _____