



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 8 WEEKS TO AN 8K



## HEALTH, WELL-BEING & FITNESS 8K Training Team

This program prepares walk/runners as well as experienced runners to complete the Run for the Dream 8K (4.97 miles) on May 19, 2012. This 8-week course includes a structured exercise regimen, weekly group trainings, and special clinics to help you achieve your goals. At the conclusion of the program, participants are physically prepared to complete the race. Completing an 8K is not an impossible dream!

Training Period: Saturdays March 24—May 19

Location: Victory Family YMCA @ 8:30 AM

Ages: 16 and up.

Registration: Jan 9—Mar 18, 2012

Cost: \$35 for Y members  
\$50 for non-members (includes use of Y facilities during training period.)  
All participants receive a Team in Training tee-shirt .

Training participants may choose to run in the Run for the Dream. Visit [www.runforachievabledream.com](http://www.runforachievabledream.com) for training advice, videos, support and registration. All race participants register separately.

Run For The Dream 8K is May 19, 2012, 8:00 AM  
Half-Marathon is May 20, 2012, 7:30 AM

### VICTORY FAMILY YMCA

101 Long Green Blvd., Yorktown, VA 26393

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[www.peninsulaymca.org](http://www.peninsulaymca.org)



# 8K TEAM IN TRAINING REGISTRATION FORM

Branch \_\_\_\_\_

Check box:  Member  Program participant

Name (First, M.I., Last):		Age:	Gender:
Mailing Address:			
City:	State:	Zip:	
E-mail address:		Date of Birth:	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:			

Program Level:  Walker  Walk/Run  Run

Shirt Size:  XYS  YS  YM  YL  AS  AM  AL  AXL  AXXL  AXXXL

## **PARENT(S)/GUARDIAN(S) IF UNDER 18 YEARS OF AGE**

Parent/Legal Guardian:	Relationship To Child:	
Place of Employment (w/address):	Business Phone:	
Home Address:	Home Phone:	
Email:	Cell Phone:	
Parent/Legal Guardian:	Relationship To Child:	
Place of Employment (w/address):	Business Phone:	
Home Address:	Home Phone:	
Email:	Cell Phone:	

## **EMERGENCY INFORMATION:**

Contact Person:	Cell Phone:	Home Phone:
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## **YMCA PROGRAM PHILOSOPHY**

I support the YMCA Program Philosophy, which is based on participation, team work, fair play, good sportsmanship, family involvement and volunteer participation.

## **HOLD HARMLESS/ RELEASE WAIVER OF LIABILITY**

I (or my child if under the age of 18) hereby request to participate in programs/activities conducted by the Peninsula Metropolitan YMCA. I hereby acknowledge that I have been made aware and fully understand that there are certain elements of risk, which are beyond the control of the Peninsula Metropolitan YMCA, it's instructors, volunteers, and employees, inherent in these activities in which I am about to voluntarily engage. Should an emergency occur, I hereby authorize the YMCA to obtain emergency medical treatment for myself or my child.

I hereby assume all risk or injury arising out of my participation in this program/activity, including transportation to and from the program, if applicable. I specifically release, covenant, not to sue, hold harmless and indemnify the Peninsula Metropolitan YMCA, from any and all liabilities, damages, causes of action, suits, claims and demands of any nature which are connected to my participation in these activities.

I am aware that the Peninsula Metropolitan YMCA requires strict adherence to its standards of safety and conduct. I agree to fully abide by the standards or accept dismissal for refusing to adhere to them.

I authorize the Peninsula Metropolitan YMCA or its designees, agencies and contractors to create, have and use photographs/videos containing me (or my child if under the age of 18) for its recordkeeping or marketing/public relations programs.

Participant Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Print Name)

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature if participant is under 18)