



# Miracle Miles for Kids – Registration Form

Saturday, April 17, 2010 - Race starts at 8:30AM

**For more information or to register online go to [www.fcni.org](http://www.fcni.org)  
Please return this form to the Family Care Network at the address below.  
All fields must be completed for valid registration.**

I would like to register as :  Individual  Team/Centipede

Team Captain \_\_\_\_\_

Team Name (All members must put **exact same** team name) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Race Day Age: \_\_\_\_\_  Male  Female T-shirt size:  Youth L  S  M  L  XL  2XL  3XL

Pertinent race information will be mailed to the following address:

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

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Check here for a Vegetarian Meal  **Check here for the Student Overnight Package (\$50)**

**Fees: \$30** if registered by March 17th **\$45** if pre-registered between March 18th–April 11th  
**\$50** walk-up registration on Race Day **Pre-registration closes at 11:59pm on April 11th.**

**Form of payment:**  Cash \$ \_\_\_\_\_  Personal Check \$ \_\_\_\_\_  Credit Card \$ \_\_\_\_\_

Name on card: \_\_\_\_\_ Billing zip: \_\_\_\_\_

Please charge my:  Visa  MC  Discover  AMEX Exp. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Card number: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Yes, I would like to receive the Family Care Network's Quarterly E-Newsletter.

I learned about Miracle Miles for Kids from  Posters/Flyers  Family/Friends  Television  
 Radio  Newspaper  Presentation  Farmers' Market

I have previously participated in Miracle Miles for Kids  Yes  No

**Waiver/Release:** I understand my registration fee is non-refundable and non-transferable. With my signature, I acknowledge that running and walking can be an inherently strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against the Family Care Network, Inc., all event sponsors and volunteers, the Cities of Morro Bay and Cayucos, and any personnel whatsoever functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I also consent to any emergency treatment in the event of injury or illness. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes, or quotations from me in accounts and promotions in any medium of this event, and of the activities of the Family Care Network, Inc. This permission is perpetual and worldwide.

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

(Signature of legal guardian of participants age 17 and under)

**To avoid long lines on race day, bib numbers will be available for early pickup.  
For details, please visit [www.fcni.org](http://www.fcni.org).**

**~ Please return all pledges to the Family Care Network office by April 13th or bring them on race day.**

The Family Care Network • 3765 S. Higuera St. Suite 100, San Luis Obispo, CA 93401 • 805-781-3535  
Office hours: 8:30AM - 5:00PM Monday through Friday. For more details, visit [www.fcni.org](http://www.fcni.org).