IUNIOR R	EGISTRATION	V FORM_						П	NAME -
Team or Iron Name:									
Captain:									
In consideration of ees, all co-sponsor Transportation, armay suffer as a restrenuous race. I subsequently use bind my successor As the parent(s) of participate. The united succession is the parent successor as the parent	ity Waiver Statement-Rea if your accepting my entry, I are: the City of Yakima, Yakind Washington State Patrol sult of traveling to or from, of believe that I have sufficier my picture and name for purs and assigns or anyone a or legal guardian(s) of the nondersigned have read the for harily. *(Print the name of the	release and discharge to the county, Roza Irrigation from any and all liability or participating in, this eatily trained for participation promotional purticity on my behalf and amed minor participant oregoing waiver and rel	ation District, Bureau of R ty arising from illness, in event. I know there are ris ation in this event. I also poses without my further I further shall save and h t, I understand the above ease, understand that th	Reclamation, Was ijuries, disabilities sks of serious injuunderstand and ronsent. In sign hold harmless all e listed points and ey have given up	shington Stass, damages ury, disability agree that ing this doc of the partion d agree to substantia	ate Depars, and deady, or illness any spondument, I it es namedallow the all rights by	tment of ath that I as in this sor may ntend to I above. minor to		□ Paid
Team Ages 6-7	•	Team Ages 11-12	Team Ages 13-14	Solo Ages (		olo Ages			Pay
Boys Girls	Boys Girls	Boys Girls	Boys Girls	Boy <b>Solo Ages</b>		Boy <b>olo Ages</b>		0	
Mixed	Mixed	Mixed	Mixed	Boy		Boy		U	FFICIAL (
Captain's Er	ermined by age mail Address:	RINT:							
IRON	Name (Last, First): _								
	Mailing Address:			•	•				
	Phone:			•					
	School:		T-Shiri	t: Youth M	_YLA	dult S_	AM	AL_	AXL
	Name (Last, First): _				Birt	hdate: _			_Sex:
RUN	Mailing Address:			_City, State,	Zip:				
	Phone:		_*Parent/Guardian	Sign:					
	School:		T-Shir	t: Youth M	_YLA	dult S_	AM	AL_	AXL
BIKE					Birt	– <i>–</i> – hdate: _			_ <del></del> _ _Sex:
	Mailing Address:			City, State,	Zip:				
	Phone:		_*Parent/Guardian	Sign:					
	School:			t: Youth M	_YLA	dult S_	AM	AL_	AXL
					– — — - Birt	– – – hdate:			Sex
OTECNI C	Mailing Address:								
STEEPLE CHASE	Phone:			•	•				
	School:			_					
	Name (Last, First): _								
BOAT	Mailing Address:				•				
N/A	Phone:School:			_					
Ages 6-7			1-5nin		_YLA - — — -	- — —	AIVI	AL_	AXL
ОВОТАОГЕ	Name (Last, First): _				Birt	hdate:_			_Sex:
OBSTACLE COURSE	Mailing Address:			City, State,	Zip:				
	Phone:		_*Parent/Guardian	Sign:					
	School:		T-Shir	t: Youth M	_YLA	dult S_	AM	AL_	AXL