



# WYCOFF WELLNESS CENTER

# FAMILY 5K FOR 4A

# RUN/WALK

THE FAMILY 5K FOR 4A RUN/WALK IS A FUND RAISER TO RAISE AWARENESS AND FUNDS FOR THE FOUNDATION FOR BIOMEDICAL TREATMENT OF 4A DISORDERS. 4A STANDS FOR **A**LLERGIES, **A**STHMA, **A**D/HD & **A**UTISM. THE FOUNDATION IS DESIGNED TO HELP THOSE CHILDREN AND FAMILIES AFFECTED BY 4A DISORDERS. THIS FOUNDATION WILL PROVIDE FINANCIAL SUPPORT TO THOSE CHILDREN WHOSE FAMILIES SEEK BIOMEDICAL TREATMENT WHO OTHER WISE COULD NOT FINANCIALLY ACCESS THIS TYPE OF TREATMENT.

**EVENT DATE:** APRIL 14, 2012

**LOCATION:** HAWK ISLAND PARK  
1601 EAST CAVANAUGH  
LANSING, MI 48910

**REGISTRATION:** AT THE WYCOFF WELLNESS CENTER AND PLAYMAKERS OR BY CONTACTING KARI AT [KARIT@WYCOFFWELLNESS.COM](mailto:KARIT@WYCOFFWELLNESS.COM).

**START TIME:** 8:15A.M. – REGISTRATION  
10:00A.M. – KIDS QUARTER MILE  
10:30A.M. – 5K RUN/WALK

<b>AGE GROUPS:</b>	12 & UNDER	25-29	45-49
	13-15	30-34	50-59
	16-19	35-39	60 & OVER
	20-24	40-44	

**AWARDS:** MEDALS TO BE PRESENTED TO THE TOP 3 FINISHERS IN EACH AGE GROUP.  
ALL CHILDREN PARTICIPATING IN KIDS QUARTER MILE WILL RECEIVE AN AWARD.

**PACKET PICK-UP:** PACKETS WILL BE AVAILABLE FOR PICK UP AT THE WYCOFF WELLNESS CENTER APRIL 9<sup>TH</sup>-13<sup>TH</sup> DURING HOURS LISTED BELOW.

THE WYCOFF WELLNESS CENTER WOULD LIKE TO THANK YOU IN ADVANCE FOR YOUR SUPPORT.

WE LOOK FORWARD TO SEEING YOU THERE!

MONDAY, WEDNESDAY, THURSDAY & FRIDAY- 8A.M.-5P.M. AND WEDNESDAY 8A.M. - 6P.M.





BIB # \_\_\_\_\_

# REGISTRATION FORM

ALL PARTICIPANTS MUST COMPLETE A FORM

FORM CAN BE EMAILED TO KARIT@WYCOFFWELLNESS.COM, MAILED, FAXED OR TAKEN TO THE WYCOFF WELLNESS CENTER (INFORMATION BELOW).

### PARTICIPANTS INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: M / F

PLEASE CHOOSE:            5K WALK/RUN   -OR-   KIDS QUARTER MILE

### REGISTRATION DATE/COST:

	ADULT	KIDS
<input type="checkbox"/> NOW THROUGH APRIL 5, 2012	\$20.00	\$10.00
<input type="checkbox"/> RACE DAY	\$25.00	\$12.00

### T-SHIRT SIZE:

ADULT T-SHIRTS:     XS     S     M     L     XL     2XL

(T-SHIRTS ARE GUARANTEED FOR ALL PARTICIPANTS THAT REGISTER PRIOR TO APRIL 5, 2012)

### PAYMENT:

PAYMENT TYPE:            CHECK / CREDIT CARD / CASH

### MAKE CHECK PAYABLE TO:

WYCOFF WELLNESS CENTER  
1226 MICHIGAN AVENUE  
EAST LANSING, MI 48823  
517.333.7270 (PHONE)  
517.333.1801 (FAX)

NAME ON CARD: \_\_\_\_\_  
CREDIT CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### WAIVER OF LIABILITY

IN CONSIDERATION OF MY ENTRY, I INTEND TO BE LEGALLY BOUND, FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS WHICH I MAY HEREAFTER ACCRUE TO AGAINST THE SPONSORS AND OFFICIALS OF THE RACE DESCRIBED IN THIS REGISTRATION FORM, AND THE CITY OF LANSING, INGHAM COUNTY PARKS & RECREATION DEPARTMENT, WYCOFF WELLNESS CENTER OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS, AND/OR ASSIGNS, WHILE PARTICIPATING IN THIS EVENT.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF GUARDIAN (IF UNDER 18)

\_\_\_\_\_  
DATE

