



# 5<sup>th</sup> Annual Coxsackie P.A.L (Police Athletic League)



## 5k Run/Walk

### Fun Run (ages 5-12, prior to 5k)

**9 am, Saturday, September 14, 2013**

Proceeds will support the P.A.L. program. This is a youth crime prevention program that utilizes educational, athletic and recreational activities to create trust and understanding between police officers and youth.

### RACE INFORMATION

- Registration: Application fee \$17 (\$20 on race day starting at 8 am or online at **active.com**). \$3 discount w/ student ID. T-shirts to first 100 entrants. Fun Run entry is \$5.
- Course: Start/Finish at Village Building, 119 Mansion St. Coxsackie. Residential, flat, paved with mile markers & water stops. **5k USATF certified course.**
- Awards: Trophies to top male & female. Awards to winners in each age division.
- Race Packet: Pick-up on race day starting at 8 am at Village Building. Parking, restrooms & refreshments available.
- Contact: Sergeant Bill O'Brien at 518-731-8122 or Coxsackie Police Athletic League PAL on Facebook.

### REGISTRATION FORM

Registration and checks (payable to: **Coxsackie P.A.L.**) may be returned to Police Station, Village Building, 119 Mansion Street, Coxsackie, NY 12051 or mailed by 9/7/13.

Name \_\_\_\_\_ Age (on race day) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ 5k Race \_\_\_\_\_ Walk \_\_\_\_\_ Fun Run \_\_\_\_\_ Shirt Size: S M L XL

In consideration of accepting this entry, I the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages against the P.A.L., Village of Coxsackie, and any sponsors or volunteers with this event. I fully understand that I, or the person that I am responsible for, will be subjected to a course that may have uneven terrain, rocks, roots, and other obstacles, but I am physically fit and have sufficiently prepared for this race. My physical condition has been verified by a licensed medical doctor. I hereby grant full permission for the P.A.L., Village of Coxsackie and any sponsors to use any photos, videos or any other record of this event for any purpose whatsoever.

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

Parent's Signature (if under age of 18) \_\_\_\_\_ Date \_\_\_\_\_