

# Team Liam Participation Form

**INSTRUCTIONS: Read and fill out entire form.** Copies of the form are acceptable. Mail form and payment to Michele Weinhouse, 3215 Purer Road, Escondido, CA 92029. Questions? Please contact Michele at 760-390-5632.

**TEAM LIAM AGREEMENT:** I, \_\_\_\_\_, agree to become a member of Team Liam. As a Team Liam Member, I agree to raise at least \$100/individual or \$150/family for Liam's Fund by April 30, 2010.

\_\_\_\_\_ As a member, I have enclosed my **\$40.00 registration fee** to join Team Liam; includes registration fee for the Carlsbad 5000 & Team Liam t-shirt (circle size needed: Youth S Youth M S M L XL)

\_\_\_\_\_ As a returning member, I have enclosed my **\$35.00 registration fee** to join Team Liam.

I certify that I am in good physical condition and/or that I have consulted with my physician to participate in Team Liam.

Name \_\_\_\_\_ Signature \_\_\_\_\_

PAYMENT (circle): Cash Check Credit Card. Make checks payable to Michele Weinhouse, Team Liam Co-coordinator.  
NOTE: If paying by credit card, billing will read "Lanai City Rental."

\_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. date (mo/yr) \_\_\_\_\_

CVV2/CVC2 Indicator \_\_\_\_\_ (last 3 digits on back of card) Signature \_\_\_\_\_

Billing address, if different than below \_\_\_\_\_

**FUNDRAISING:** As part of Team Liam on May 1, 2010, I consent to have my credit card charged to Rady Children's Hospital (Liam's Fund for Neurosurgery) for any balance of the agreed fundraising \$100/Individual or \$150/Family not raised by Apr 30th deadline.

Individual Name \_\_\_\_\_ or Family Name \_\_\_\_\_

\_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. date (mo/yr) \_\_\_\_\_

CVV2/CVC2 Indicator \_\_\_\_\_ (last 3 digits on back of card) Signature \_\_\_\_\_

Billing address, if different than below \_\_\_\_\_

**CARLSBAD 5000 ENTRY FORM:** Include all your personal information, age/sex division, T-shirt size and **sign** waiver.

## Carlsbad 5000 Early Entry

Mail completed form and fee to: Carlsbad 5000,  
c/o Elite Racing, 5452 Oberlin Dr., San Diego, CA 92121. [Register on-line @ www.eliteracing.com](http://www.eliteracing.com)

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Day) \_\_\_\_\_ M F Age on Race Day \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_

Check One:  5K Run  5K Walk  Team Run Team Name \_\_\_\_\_

**WAIVER: (Must be signed)**

I hereby release the City of Carlsbad, Elite Racing, Inc., USATF, and all municipal agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring company(ies), agency(ies) or individual(s) from responsibility for any injuries or damages I may suffer as a result of my participation in the Carlsbad 5000 and related events. I hereby certify that I am in good condition and am able to safely compete in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. and I also understand that the entry fee is non-refundable. As a participating athlete I certify that all information provided in this form is true and complete. I have read the entry information provided for the event and certify my compliance by signature below. Bib numbers are non-transferable.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_ (Signature of parent if under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter has my permission to compete in the Carlsbad 5000 and related events, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

**Divisions:** (check one)

Men	Women	Men	Women
<input type="checkbox"/> 12 & Under	<input type="checkbox"/>	<input type="checkbox"/> 50 - 54	<input type="checkbox"/>
<input type="checkbox"/> 13 - 17	<input type="checkbox"/>	<input type="checkbox"/> 55 - 59	<input type="checkbox"/>
<input type="checkbox"/> 18 - 24	<input type="checkbox"/>	<input type="checkbox"/> 60 - 64	<input type="checkbox"/>
<input type="checkbox"/> 25 - 29	<input type="checkbox"/>	<input type="checkbox"/> 65 - 69	<input type="checkbox"/>
<input type="checkbox"/> 30 - 34	<input type="checkbox"/>	<input type="checkbox"/> 70 - 74	<input type="checkbox"/>
<input type="checkbox"/> 35 - 39	<input type="checkbox"/>	<input type="checkbox"/> 75 - 79	<input type="checkbox"/>
<input type="checkbox"/> 40 - 44	<input type="checkbox"/>	<input type="checkbox"/> 80 - 84	<input type="checkbox"/>
<input type="checkbox"/> 45 - 49	<input type="checkbox"/>	<input type="checkbox"/> 85+	<input type="checkbox"/>

T-shirt Size (circle one): S M L XL

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_ (Signature of parent if under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter has my permission to compete in the Carlsbad 5000 and related events, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

**PLEASE MAKE CHECK PAYABLE TO: Carlsbad 5000**

Sorry, No Refunds or Transfers. Rain or Shine.

**O.K. to Photocopy - Please Do Not Resize**

One entrant per form

E