



To register and pay online, please visit our website: [www.gofardavie.com](http://www.gofardavie.com)

**IMPORTANT DATES**

REGISTRATION DEADLINE: **Sunday, March 12<sup>th</sup> OR until all spots are full**  
TRAINING PROGRAMS BEGIN: **Week of March 13<sup>th</sup>** (see page 2 for specific training days for your school)  
GOAL 5K RACE: **Saturday, April 29<sup>th</sup>** (Young Life 5K)

**GENERAL INFORMATION** (Please note: **GO FAR** is for boys and girls in 2<sup>nd</sup> – 5<sup>th</sup> grades.)

Student Name: \_\_\_\_\_

School/Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size (circle):  
YS YM YL AS AM AL AXL

If you have additional participants in your family, please list below:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size (circle):  
YS YM YL AS AM AL AXL

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size (circle):  
YS YM YL AS AM AL AXL

Name of Parent(s)/Guardian(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARTICIPANT(S) MEDICAL INFORMATION**

- 1. Does the participant have any medical, physical, or any other conditions of which we should be aware?
- 2. Does the participant have any allergies? (Please include allergies to foods such as peanuts.)
- 3. Does the participant need to have a medication with them during the workouts? (ex. asthma inhaler)
- 4. Are there any specific procedures, medications, etc. that our volunteer coaches should be alerted to? If so, please specify in detail.

## PARENT WAIVER/SIGNATURE

I understand that both minor and serious accidents occasionally occur during after-school activities and sport training and events, and that participants may sustain injuries as a consequence thereof.

I hereby attest that my child(ren) are physically able to participate in this program and the final 5K road race, including, but not limited to falls, contact with other participants, weather conditions, etc.

By permitting my child(ren), \_\_\_\_\_, to participate in the programs and the 5K road race offered by **GO FAR**, I hereby acknowledge that participation in the program's activities may involve risk of injury. I hereby release, indemnify, and hold harmless **GO FAR**, its officers and directors, employees, agents, program coordinators, volunteers, promoters, sponsors, any municipalities or other public entities, from and against any and all claims arising from the training program and the subsequent 5K road race.

Understanding all of the above, I give permission for my child(ren), \_\_\_\_\_, to participate in the **GO FAR** program. I agree to pick-up my child(ren) after each training session for the entire period. I will make every effort to ensure that my child attends every training session and participates in the 5K road race at the completion of the program. By signing this release, I also give permission to use photographs of my child(ren) in newspaper articles, television spots, social media, and the **GO FAR** website or to promote the **GO FAR** program.

---

Parent/Guardian Signature

Date

---

Parent/Guardian Name (Printed)

## PROGRAM PAYMENT

- I understand that the \$30 registration fee covers the **GO FAR** program only. If we choose to run the Young Life 5K at the end of the season, I understand that I will register and pay the race fee for my child and any other family members.

### PAYMENT OPTIONS:

- \$30 program registration (per child) fee enclosed, checks payable to **Davie County GO FAR**
- Yes, I would like to learn more about how my child(ren) can qualify for scholarship funding
- I would like to make an additional tax-deductible donation to the **Davie County GO FAR** club that will help provide funding for program materials and scholarships. AMOUNT: \_\_\_\_\_

Please register and pay online at [www.gofardavie.com](http://www.gofardavie.com) OR

Mail this registration form and payment to: **Davie County GO FAR, PO Box 402; Advance, NC 27006**

## TRAINING DAYS

\*Please email us at [info@gofardavie.com](mailto:info@gofardavie.com) if you are interested in coaching or volunteering.\*

**Cooleemee:** Monday/Wednesday until 4

**Pinebrook:** Monday/Thursday until 3:45

**Cornatzer:**

**Shady Grove:** Monday/Thursday until 4

**Mocksville:** Tuesday/Thursday until 4

**William R Davie:** Wednesday/Friday until 4

**Training sessions begin immediately after school. Looking forward to a great season!**