

Come join us for a morning of fitness and fun!

The ICompete Passport Program presents the second annual 5K run or 3K walk at Palatine High School. Come out and show your support for our high school mentors and their elementary and middle school buddies by supporting this great cause! With your entrance fee, you can participate in the 5K run or the 3K walk. You will also get a Pirate Pete Fun Run t-shirt and help support the ICompete Passport Program.



PALATINE OPPORTUNITY CENTER
Strong Citizens • Healthy Families • Vibrant Neighborhoods



Palatine Park District



Palatine Park District
250 E. Wood Street
Palatine, IL 60067

Pirate Pete Fun Run 5K Run/3K Walk



June 13, 2010

Palatine High School

Fundraiser for ICompete Passport Program



STARTING TIME

5K Run 8:30 am
3K Walk 8:35 am

LOCATION

Palatine High School
1111 N. Rohlwing Road
Palatine, IL 60074

ENTRY FEE

\$15 • Adults
\$10 • Children under 12 years
Race Day: \$20 All ages

PRE-REGISTRATION

Deadline Monday, June 7

Complete the registration form and drop off with payment to the Community Center, 250 E. Wood Street, Falcon Park Recreation Center, 2195 N. Hicks Road, or Birchwood Recreation Center, 435 W. Illinois Avenue.

Register online at www.palatineparks.org. Click on "online registration" program number 7500-2.

RACE DAY REGISTRATION & PACKET PICK-UP

5K Run & 3K Walk • 7:15 - 8:15 am

Race day registration will be held at Palatine High School.

For more information call 847-963-1103 x305.



Pirate Pete Fun Run/Walk Registration Form

Circle One: 5K Run 3K Walk

PLEASE PRINT

Name _____ Age _____
(last name) (first name)

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

T-Shirt Size (circle one): YL S M L XL XXL

FOR OFFICE USE ONLY				
CA	CK	CG	R	NR
SR	SCH	EMP		
checked by _____ date _____				
processed by _____ date _____				

Drop off or mail to: Palatine Park District c/o Pirate Pete Fun Run/Walk
250 E. Wood Street, Palatine, IL 60067

Method of payment: Cash Check Visa Mastercard Discover

Card # _____ Exp Date _____ Security Code _____

Print Name _____ Signature _____

ALL PARTICIPANTS MUST SIGN THIS SECTION

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Village of Palatine, Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form.

Signature (If under 18, parent/guardian's signature) _____