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SPONSORS



www.cffchurch.org

Vernon, NJ

Sundays 9/12, 9/19, 9/26, 10/3 & 10/10 @ 4:00 pm

Lounsberry Hollow Fields

30 Sammis Rd
Vernon, NJ 07462

DIVISION	DISTANCE
Pre-K 2/3yr	50 Yard Dash
Pre-K 4/5yr	75 Yard Dash
K & 1st	1/4 Mile
2nd & 3rd	1/2 Mile
4th & 5th	1 Mile
6th, 7th, 8th	1 Mile

*All races will be the same distances each week.

For more information, please contact
Amy Hackett at 484-352-2729 or at
hkrsvernon@gmail.com

SCORING/DETAILS

- Points based on finish
- Runners with the most points after final race win trophies
- Tech T-Shirts for Full Series Participants
- Medal for ALL runners at Week 5

EARLY BIRD DISCOUNT
\$35 FULL SERIES
 FIVE WEEK SERIES*
 UNTIL THREE WEEKS FROM START DATE

\$40 FULL SERIES* **\$10 PER RACE***

*Registration is nonrefundable

HEALTHYKIDSRUNNINGSERIES.ORG

Sign up online or mail this form with check payable to Healthy Kids Running Series at:

Healthy Kids Running Series
383 Brinton Lake Rd.
STE 1
Thornton, PA 19373

As the parent or legal guardian of the children named, I hereby give my full consent and approval for my child or children to participate in the Healthy Kids Running Series. In addition to giving my full consent for my child's participation, I do hereby waive, release, hold harmless and forever discharge Healthy Kids Running Series, Pattison Sports Group, the Community Coordinator(s), its directors, board members, officials, staff, sponsors, supervisors, and representatives for any injury or illness that may be suffered by my child in normal cause of participation in the designated sport and the activities incidental thereto, whether paid damages, injury or loss due to negligence or not. I understand my Healthy Kids Running Series registration is non-refundable. In the event Healthy Kids Running Series does not take place due to severe weather, natural disaster, pandemic, acts of war, acts of God or force majeure, my child's registration will not be refunded. I understand that if Healthy Kids Running Series is unable to run or operate in-person due to national, state, or local mandates, Healthy Kids Running Series is permitted to transfer 100% of my registration fee into a comparable virtual program without issuing a refund. As it applies to my child's participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by Healthy Kids Running Series for my participation in this race. Additionally, I grant Healthy Kids Running Series permission to use my child's name, image, voice, and identity in any program for promotion of Healthy Kids Running Series including written materials, website materials on any and all Healthy Kids Running Series publication across the entire worldwide web including but limited to www.HealthyKidsRunningSeries.org and its sub domains, Facebook, Twitter, Instagram, YouTube, Snapchat, TikTok, Flickr, Pinterest, LinkedIn and any other unnamed form of social media, video, audio, or other forms without prior consent or compensation of any kind. Lastly, I, and my child or children, agree to abide by and uphold Healthy Kids Running Series' code of conduct, mission and core values. Participants, parents, spectators or any on-site individual acting in a way that doesn't uphold the code of conduct or HKRS' values will be asked to leave.

Participant Name _____ M F Gender

D.O.B _____ Phone _____ Y N Special Needs

Email _____

Address _____

City _____ State _____ Zip _____

Parent/ Guardian Contact Name _____ Check No. _____ Cash (For HKRS Coordinator to fill) _____

Sign Up for Entire Series or A Single Race

Entire Series Repeat/Upgrade

9/12 9/19 9/26 10/3 10/10

Grade Category T-Shirt Size (Full Series Only):

<input type="checkbox"/> Pre-K 2yr	Youth Sizes
<input type="checkbox"/> Pre-K 3yr	<input type="checkbox"/> XS
<input type="checkbox"/> Pre-K 4yr	<input type="checkbox"/> S
<input type="checkbox"/> Pre-K 5yr	<input type="checkbox"/> M
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> L
<input type="checkbox"/> 1st Grade	<input type="checkbox"/> Youth XL / Adult S
<input type="checkbox"/> 2nd / 3rd	Adult Sizes
<input type="checkbox"/> 4th / 5th	<input type="checkbox"/> M
<input type="checkbox"/> 6th / 7th / 8th	<input type="checkbox"/> L
	<input type="checkbox"/> XL

*Required by Parent

Signature of parent or guardian if under 18 years of age.

Date

Vernon, NJ

Town Name