



a program of   The Cooper Institute®

Healthy Zone 5K Registration

Date of Race:

Time:

Location:

First Name: _____ Last Name: _____

Date of Birth: ___ / ___ / ___ Age: _____ M ___ F ___

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Emergency Contact: _____ Phone Number: _____

Mail or Drop off Entry Form to:

For more information please contact:

I hereby give my consent to let my child run in the Healthy Zone 5K race. I understand that by allowing my child to participate in the race that I assume all risk and The Cooper Institute, United Way of Metropolitan Dallas, the school, and school district are not liable for any injuries, accidents, and/or illness.

Guardian Signature: _____ Date: _____

Office Use Only

Date Received: _____

Bib #: _____