



May Day 5&5 Training Club

Wednesdays, 3/29/2017 - 5/10/2017, 245-5p

RACEDAY: Saturday May 13, 9am

Program meets in Middle School Room 118

Pickup at 5p at Middle School Pickup/Drop-off Loop

No School=No Program

What: Do you love running, want to get in better shape, or would like to work with a group to accomplish a goal? If you say "YES" to any of this, join Ethan and special guests in training for the annual May Day 5&5 race held May 13th. Get fit, build confidence and reach personal goals. This is an awesome community event and a great way to participate as a group! For more information about the race and/or to pre-register your child go to mayday5K.org

Please return this completed form to the Middle School Main Office. For more information about this and other youth programs, contact Ethan Cramton, Trumansburg/Ulysses Youth Program Manager at (607) 592-5111 or egc24@cornell.edu

Trumansburg/Ulysses Youth Services programs are always free of cost. If possible, a \$20 donation is appreciated to help us continue to provide quality programming. Thank you.

Trumansburg/Ulysses Youth Services Spring 2017 May Day 5&5

Name _____ Phone _____ Date of Birth _____
 Address _____ e-mail address _____
 Parent/Guardian _____ Work Phone _____
 Medical Info/Allergies: _____
 Emergency Contact _____ Phone _____

_____ My child has permission to fully participate in the Trumansburg/Ulysses Youth Services program "May Day 5&5 Training Club"

_____ I give permission for staff or emergency care personnel to administer first aid in the event of an emergency.

_____ I give my child permission to ride in a CCE-TC program van, Town of Ulysses Vehicle, or program manager's personal vehicle if necessary to get to and from activities/home.

_____ I give permission for my child's photo to be taken during the activity and for the photo to be used for documentation.

_____ I give permission for my child to participate in the program evaluation activities for the purpose of identifying the program's value and ways to strengthen and improve it in the future. Activities may include skills checklists, informal discussions, surveys, observation, and group activities. Any feedback or information gathered will remain anonymous.

Signature of Parent/Guardian _____ Date _____

"This program is supported by Tompkins County, New York State and your local municipality"



A program in partnership with
**Cooperative
 Extension**
 Tompkins County



4-H Youth Development

**United
 Way**

