

# Kim Ryan-Leonard

## Scholarship

Donations can be mailed to either the YMCA or CHS (Attn: Jamie Brown), Valley View Dr., Cortland, NY 13045

**CORTLAND COUNTY FAMILY YMCA**  
**WE BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES**  
22 Tompkins Street • Cortland, NY 13045 • Phone: (607) 756-2893



**FREE**  
T-Shirts for the first 75 participants to register



- Who:** Anyone and everyone that is interested!
- What:** A 5-K Walk/Run and a 1-Mile Fun Run
- Where:** Start will leave from Yaman Park (*Look for signs*)
- When:** Mother's Day (Sunday, May 11, 2008)
- Time:** 1-Mile Fun Run 8:45am & 5-K Walk/Run 9:00am  
*Participants registering on race day do so before 8:30am*
- Why:** To have fun and support a worthy cause!
- How:** Mail the registration form below to the YMCA

### Age Divisions

Under 13	40-49
14-18	50-59
19-29	60+
30-39	

<u>Category</u>	<u>Pre-Registration</u>	<u>Race-Day</u>
Single Adult	\$12	\$17
Single Child (Under 12)	\$7	\$10
Mother-Child Team	\$17	\$22

**Call the Cortland YMCA at 756-2893 for More Information!**

### Registration Form

Mail to: Cortland YMCA (22 Tompkins St., Cortland, NY 13045)  
Please make checks payable to: Kim Ryan-Leonard Scholarship Fund

#### Mother's Day Run

Name: 2008



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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age on day of race: \_\_\_\_\_ (D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) T-shirt Size: S M L XL XXL

Registration (Circle Each): Length: 5-K or 1-Mile ♦ Pace: Run or Walk ♦ Category: Single or Mom-Child

In consideration of accepting this entry, I the undersigned intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Cortland YMCA and other sponsors of this event, their representatives and successors for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission for the use any photographs, videotapes, motion pictures, recording or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_