

Maple City Kids Quarter Miler



Special Thanks to:

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Steuben County Sheriff's Office
Steuben Trust Company
Weyand Chiropractic Associates
Hornell City School District
All the runners, parents, volunteers and fans!!

26th Annual Maple City Kids Quarter Miler



For kids 2 to 12 years of age

Saturday, May 9, 2015

11:00am

**Hornell High School
Hornell, NY**

Brought to you by:





Maple City Kids Quarter Miler

Saturday, May 9, 2015
11:00am



Entry Fee: \$5.00 (includes T-shirt and ribbon)



Age Groups: 2, 3, 4, 5, 6, 7, 8, 9, 10, 11-12



Trophies will be awarded to the first, second, and third place boy and girl finishers in each age group.



Ribbons will be awarded to each participant.



T-Shirts will be given to the first 300 participants who register—compliments of the race sponsors.



Pre-registration for the Maple City Kids Quarter Miler is strongly recommended. Entries should be received by Wednesday, May 6, 2015 and can be mailed to:

ST. JAMES MERCY HOSPITAL
ATTN: Laura Vetter
411 Canisteo St.
Hornell, NY 14843

Please make checks payable to Hornell Kiwanis Club

REGISTRATION AND ENTRY PACKETS WILL ALSO BE AVAILABLE AT 9:30AM ON THE MORNING OF THE RACE. EVERYONE MUST BE REGISTERED BY 10:30AM THE DAY OF THE RACE. RACES WILL BEGIN PROMPTLY AT 11:00AM

Registration and Consent

Please Note: One child ONLY per registration form

Child's Name _____

Address _____

Phone Number () _____

Boy _____ Age (on the day of the race)

Girl _____ Age (on the day of the race)

Is this the child's first year participating in the Maple City 1/4 Miler?

Yes No If not, # of years participated _____

Consent and Release

As a parent of _____, I hereby authorize and consent to the participation of my child in the Maple City Kids Quarter Miler race. I certify that I understand and agree that Hornell Kiwanis and St. James Mercy Hospital will not be responsible for any injuries which might occur to the entrant prior to, during the course of, or subsequent to the Maple City Kids Quarter Miler race. For any health concerns, please check with your health care provider.

In signing below, I agree to be bound by the above stated terms and waive and release on behalf of myself or my heirs, and all future claims against Hornell Kiwanis, St. James Mercy Hospital, or any and all other persons, firms or organizations involved in the sponsorship or running of the Maple City Kids Quarter Miler for any and all claims for personal injuries resulting from or arising out of participation in this Maple City Kids Quarter Miler race.

Signature of parent/guardian _____

Date: _____

