



**29<sup>th</sup> Annual Edmund Ganem Memorial**  
**Hosted by the ROTARY CLUB OF TERRYVILLE**  
**Kids 2.5K Relay Run**  
**Sunday, May 5<sup>th</sup>, 2024**



**Schedule of Activities:**  
**7:45 am – 8:50 am Check-In**  
**8:15 am – Kids Relay Run 2.5K**  
**9:00 am – 5K Race \* 9:15 am Walk**



**Registration** is via this form completed and dropped off at any Plymouth School's Main Office by May 1<sup>st</sup>, 2024, or online at <http://bit.ly/3Vr5fsf> Please make checks payable to: "ROTARY CLUB OF TERRYVILLE,"

**Kids (5<sup>th</sup> grade and younger) Relay Run 2.5K:** \$12.00 per runner, 3 runners per team. Each runner will get a race day bag (no T-shirt) and a finisher medal. The winning team will get an additional winner medal/certificate for each runner. Relay team members who run will get a team time and a personal lap time for their 800-meter part of the race.

**RACE LOCATION:** Start, Finish, and Race on the Track, Bathroom Facilities, and Parking at Terryville High School located at **33 North Harwinton Ave. Terryville, CT 06786**

Kids 2.5K Relay Run \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

I ATTEST THAT I HAVE FULL KNOWLEDGE OF THE RISKS INVOLVED IN THIS EVENT, AND I/MY CHILD AM/ARE PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIPATE IN THIS EVENT. IN CONSIDERATION OF ACCEPTANCE OF MY ENTRY, I, MY EXECUTORS, ADMINISTRATORS, AND ASSIGNEES, DO HEREBY RELEASE AND DISCHARGE THE ROTARY CLUB OF TERRYVILLE AND ANY OF THE EVENT'S OTHER SPONSORS, THEIR EMPLOYEES, AND ALL OFFICIALS FOR ALL CLAIMS ARISING FROM OR GROWING OUT OF THIS ATHLETIC EVENT.

PRINT NAME Runner #1

\_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ GRADE \_\_\_\_\_

Parent /Guardian Contact PHONE

\_\_\_\_\_/EMAIL\_\_\_\_\_

SIGNATURE OF RUNNER (or parent if the runner is under 18): \_\_\_\_\_ DATE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PRINT NAME Runner #2

\_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ GRADE \_\_\_\_\_

Parent /Guardian Contact PHONE

\_\_\_\_\_/EMAIL\_\_\_\_\_

SIGNATURE OF RUNNER (or parent if the runner is under 18): \_\_\_\_\_ DATE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PRINT NAME Runner #3

\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ GRADE

\_\_\_\_\_  
Parent /Guardian Contact PHONE

\_\_\_\_\_/EMAIL\_\_\_\_\_

SIGNATURE OF RUNNER (or parent if the runner is under 18): \_\_\_\_\_ DATE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Questions** (860) 309-4744 or [terryvillerotary@gmail.com](mailto:terryvillerotary@gmail.com)

