



## AUTUMN SPECTACULAR CROSS COUNTRY MEET

**WHO:** Boys & Girls ages 8 and under and 9 - 18

**WHEN:** Sunday, November 9

**WHERE:** Fairview Park, Decatur, IL (1455 W. Eldorado)

**FEE:** \$6 per person by Nov. 7  
\$10 on day of the meet

**CHECK-IN:** Entrants must be registered and checked in 45 minutes prior to designated race time.

**COURSE:**

- Scenic, rolling terrain in Fairview Park
- A guided course tour will take place at 1:00 p.m.

**AWARDS:**

- Trophies to top 3 individuals in each age group.
- Place ribbons for 4<sup>th</sup> - 6<sup>th</sup> in each age group.
- All other finishers will receive participant ribbons.

**WEATHER:**

Race will be held rain or shine.

DIVISIONS AGE AS OF 12-31-14	DISTANCE	STARTING TIME
8 & under Girls	2000 meters	1:30 p.m.
8 & under Boys	2000 meters	1:30 p.m.
9 - 10 Girls	3000 meters	2:00 p.m.
9 - 10 Boys	3000 meters	2:00 p.m.
11 - 12 Girls	3000 meters	2:00 p.m.
11 - 12 Boys	3000 meters	2:00 p.m.
13 - 14 Girls	4000 meters	2:30 p.m.
13 - 14 Boys	4000 meters	2:30 p.m.
15 - 16 Girls	4000 meters	2:30 p.m.
15 - 16 Boys	5000 meters	3:15 p.m.
17 - 18 Girls	5000 meters	3:15 p.m.
17 - 18 Boys	5000 meters	3:15 p.m.

Note: If you are planning on competing at the Cross Country Coaches National Youth Championships on November 22, 2014 in Nashville, TN you must have obtained a current membership with YES - Athletics ([www.yesathletics.org](http://www.yesathletics.org)) prior to competing in this meet. Autumn Spectacular is a qualifying meet for the CCC National. For more information, contact Steve Fox at 429-3472 or [sfox@decparks.com](mailto:sfox@decparks.com).



## 2014 Autumn Spectacular Registration Form

Please mail or deliver completed form to the DISC (1295 W. Wood, Decatur)

Parent/Guardian Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Participant Info:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: (Mr. Mrs.): \_\_\_\_\_ Email: \_\_\_\_\_

Check one:  Cash  Check  Credit Card Amount Paid: \_\_\_\_\_

Visa  MasterCard  Discover  American Express Card #: \_\_\_\_\_ CVV#: \_\_\_\_\_

Exp.: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*Outstanding balances due to the Decatur Park District must be paid in full before enrollment and/or participation in other Park District activities. Thank you for your understanding.*

### DECATUR PARK DISTRICT INDOOR TRACK & FIELD PROGRAM - WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District").

I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect and an original form signature.

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

(18 years or older or Parent/Guardian)

PHOTO/WAIVER: I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.

ACCOMMODATIONS: In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program?  Yes  No If yes, Park District must be notified 10 business days before class/program start date. Please describe needed accommodation/assistance: