



# Columbus Christian Academy

*"Educational Excellence for Christ"*

## Registration Form

Columbus Christian Academy 5K Color Blast Run  
Saturday, September 2017  
CCA Campus  
623 Warrior Trail Whiteville

Name: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Shirt Size (youth or adult) \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL

\*Free race T-shirts with registration before Sept. 13\*\* Race T-shirts after Sept. 13 are \$10.00  
\*\*Race T-shirts are first come first serve

Please enclose:

- \*\*Completed and signed registration form
- \*\*\$20 Registration Fee **BEFORE** Sept. 13 with a free race t-shirt
- \*\*\$25 Registration Fee after Sept. 13\*\*\$10 race t-shirt

Please drop off payment and signed registration to the school office or mail to:

PO Box 1100  
Whiteville, NC 28472

\*\*Waiver and Release: In consideration of being allowed to participate in any way in Columbus Christian Academy's Camps/Clinics/Events/Activities (the "Activity"), I/We (parent/guardian/adult athlete) understand and agree to the following: On behalf of myself and the above Participant, I/We grant permission to CCA to use audio/video/photo/name, and voice in any media format for the purpose of communicating/advertising CCA activities. I understand I nor participant will receive financial compensation from stated use of above. I/We agree to abide by the rules, regulations, and decisions of CCA coaches/instructors/leaders, volunteers, and/or its organizers. I/We understand failure to do so may result in participant's dismissal from the Activity. I/We understand there are inherent risk in sport activities and in some events; therefore, IF a medical emergency should arise during the participants Activity/event and I/We are not present to be consulted on participants care, I/We authorize CCA coaches/instructors/leaders/volunteers/organizers to seek appropriate medical care & attention. I/We agree to be financially responsible for any costs incurred as a result of such treatment. I/We are aware and understand that I/We should carry our own health insurance. If participant has any prior or present medical, mental, or physical conditions or illnesses, I/We have consulted with a medical authority and received permission to participate. In the event that any damage to equipment or facilities occurs as a result of my families willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness. I/We (parent/guardian/adult athlete) have read and fully understand the provisions of the above Waiver & Release and have explained them to the participant. I/We and Participant understand that signing this release/authorization binds us to the above provisions/agreements; therefore, I/We shall agree to indemnify and hold harmless CCA and all of its affiliates, administration, managers, leaders, volunteers, organizers, staff, heirs, representatives, predecessors, successors, and assigns from any and all claims or causes of action for accidents, injuries, damages, suits, or liability resulting from the use of school property, participation in the camp program, or otherwise related to CCA Activity/Event or the agreement. I/We give permission for above named participant to participate in CCA sponsored recreational/sports/physical activity/event programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)