**50 IN 50 Challenge**

**Challenge Dates: October 1– November 19, 2024**

**Registration Deadline: September 27, 2024**

**(Registrations received after deadline will not receive a T-Shirt)**

**Registration Fee** (In-District) $20.00

**Registration Fee** (Out-Of-District) $25.00

**REGISTRATION METHODS**

Bobby Clemons Recreation Center (BCRC) located at 508 Park Street during CRC normal business hours, Monday – Friday, 9:00 am – 5:00 pm

Registrations, along with payment, can be placed in the night drop box located outside the BCRC main doors.

Registrations can be made, until the registration deadline, online at **coffeyvillerec.com**

Cash / Check / Credit / Debit

**CRC CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION**

**NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE** \_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMERGENCY PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-SHIRT SIZE** (Circle One) Youth Extra Small (4-5) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34) Adult Medium (36) Adult Large (38) Adult XL (40) Adult XXL (42)

**Please list any medical conditions / allergies** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern: In the event that the above-named is taken to an emergency room or medical care facility, any member of the CRC staff, has my consent to authorize treatment by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have full knowledge of the risks involved and I hereby agree to assume those risks and hold the Coffeyville Recreation Commission, USD 445, City Of Coffeyville, Coffeyville Community College, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication(s) of any kind.

Furthermore, I do understand that CRC does NOT provide accident insurance, and I hereby agree to assume full responsibility for all expenses resulting from any accidents or injuries suffered while participating in the CRC class provided.

I understand that a photocopy of this document shall have the same force and affect as the original.

The Undersigned consents that their likeness may be photographed and published to promote CRC programs. To opt-out, please check box.

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION (Check One)**

**Registration Fee (In-District)** $20.00

**Registration Fee (Out-Of-District)** $25.00

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