



Bluefield, West Virginia
Nature's Air-Conditioned City

8TH ANNUAL CRYING WOLF CHALLENGE

REGISTRATION FORM

Personal Information			
Full Name:			Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Gender</i>
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone: ()		Cell Phone: ()	
E-mail Address:			
Date of Birth:	Age:	T-Shirt Size:	(circle one) S M L XL 2XL 3XL
Emergency Contact:			Phone Number: ()
Child's Name:			
Date of Birth:	Age:	T-Shirt Size:	(circle one) YS YM YL
Fees			
Registration:	Just for Fun: FREE	Youth and Junior: \$8.00	All Other Categories: \$25.00
Must Register by May 1st to be guaranteed a T-shirt			
Make Checks Payable To: City of Bluefield			
Waiver			
<p>In consideration of me and/or my minor child being permitted to participate in the 8th Annual Crying Wolf Challenge, I hereby waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims that may be sustained by me directly or indirectly arising out of my participation in the 8th Annual Crying Wolf Challenge. I attest I am physically fit and have sufficiently trained for this event and am aware that participating in the event could, in some circumstances, result in some physical soreness or injury. I also give permission for free use of my and/or my child's name and picture in any broadcast/telecast/print accounts of the event. I understand that my paid entry fee is non-refundable.</p>			
Signature:			Date: