



# GET YOUR "GREEN" ON

**THE MONTGOMERY COUNTY FAMILY YMCA  
& FRIENDS OF THE RED OAK TRAILS, PRESENT:**

**The 6th Annual Shamrock Shuffle – Saturday, March 16, 2019  
@ 9:00 am on Phase #1 of the Red Oak Trail**

Get into the St. Patrick's Day spirit and join us for the Shamrock Shuffle – a 5K Run/Walk to promote the Red Oak Trail System. Participants can also take part in the "Costume" contest to add even more celebration to the day. The Run/Walk will begin & end in front of the Montgomery County Family YMCA.

## **5K Run Details**

We will have awards for the top finisher in each age division and also for the top Overall Male & Female in both the Youth (18 & under) and Adult categories. Awards will also be given to the best costume worn by a Male, Female & Team (5 or more).

## **Leprechaun Lap**

Not sure you're ready to run/walk a 5K but want to be part of the festivities? Try the "Leprechaun Lap" – a 1 mile course designed for those that want a shorter route to walk/run. No cost to participate.

## **Registration Fees & Info**

### **Early Leprechaun Deadline (By March 5th)**

- \$20.00 includes an official Shamrock Shuffle Stocking Cap!

### **After March 5th**

- \$20.00 No stocking cap
- \* A limited quantity of stocking caps may be available the day of the event for \$15.00.
- \* Live Well Montgomery County Take 12 participants may register for free! However, no stocking cap will be included.
- \* In case of bad weather or poor road conditions, race will be canceled. No refunds will be given. Stocking caps will be available for pick-up at YMCA.



## **EVENT SPONSORS:**

**Red Oak**  
Glass & Awning

**RED OAK**  
Country Club

**FAREWAY**  
MEAT & GROCERY



## 2019 SHAMROCK SHUFFLE

**Early Bird Deadline: March 5th.** Regular Price and No Stocking Cap After March 5th.  
Register ONLINE @ [www.MCYMCA.com/OnlineRegistration](http://www.MCYMCA.com/OnlineRegistration)

Participant's Name: \_\_\_\_\_ Gender (circle): **M** or **F**  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home #: \_\_\_\_/\_\_\_\_-\_\_\_\_ Alternate #: \_\_\_\_/\_\_\_\_-\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **I would like to participate in the 5k**  
Circle Division Participating In (5k only)

12 & under 13 - 18 19 - 29 30 - 39 40 - 49 50 - 59 60 & up

☐ **I would like to participate in the 1 mile Leprechaun Lap** (No cost to participate, but no stocking cap included)

**Are you a Take 12 Participant?** ☐ Yes ☐ No

**COST\*: Early Leprechaun Deadline (By March 5th)**

\$20.00 includes Shamrock Shuffle stocking cap

**After March 5th**

\$20.00 no stocking cap



*\*Take 12 Participants and the Leprechaun Lap is FREE, however no stocking cap will be included. Some may be available for purchase at the race for \$15 while supplies last.*

### CONSENT TO PARTICIPATE

THE UNDERSIGNED \_\_\_\_\_, an adult person (or parent/guardian of participant) with understanding of the potential risks of injury by reason of participation in the following activity: **Shamrock Shuffle** does hereby consent to participate in the activity.

The potential risk of participation includes risk of injury from contact with other participants and contact with or use of equipment used in the activity.

The undersigned affirms that by signing this consent the person understands that participation in the activity is voluntary and that the person is free at any time to stop participation.

By this consent and with participation in the activity, the undersigned voluntarily accepts the risk of injury by reason of participation in the activity.

THE UNDERSIGNED provides the following alternate emergency contact information to obtain consent to treat the undersigned in the event of injury or illness during participation:

**Name (Parent/Spouse/Next of Kin)**

**Address**

**Telephone No.**

If the alternate emergency contact person named above cannot be reached, the undersigned gives consent for supervisory staff to provide necessary and reasonable emergency medical care and treatment and further treatment by a licensed professional caregiver as the case may be.

**Participant or Guardian Signature**

**Print Name**

**Date**

**RETURN TO: Montgomery County Family YMCA 101 E. Cherry St., Red Oak, IA 51566**  
**Or register online at [www.mcyymca.com](http://www.mcyymca.com)**