



Dear Teachers and Parents,

To register your student as a Miracle Match KID, please complete this form and return with the appropriate registration fee to the address below.

STUDENT REGISTRATION: (One form per student - includes **one** MMK t-shirt, race bib and finisher medal)

School: _____ PE Teacher or MMK coordinator's name: _____

Student's Name: _____

(Please print clearly)

Address: _____ City: _____ Zip: _____ Age _____ Male Female

Student's T-shirt size: youth small youth medium adult small (same as youth large)
 adult medium adult large adult XL adult XXL

TEACHER/PARENT SUPPORTER MMK REGISTRATION (includes MMK t-shirt and bib)

Name: _____

Address: _____ City: _____ Zip: _____ Age _____ Male Female

Teacher/parent T-shirt size (adult sizing) small medium large extra large XX large

ADDITIONAL MIRACLE MATCH KIDS MARATHON T-SHIRT ORDER (\$5 each)

Indicate number of additional MMK t-shirts ordering:

___ youth small ___ youth medium ___ adult small ___ adult medium ___ adult large ___ adult XL ___ adult XXL

Fees:

Miracle Match Kids Student Registration Fee: (\$12).....\$ _____

MMK Teacher/Parent Registration Fee: (\$15).....\$ _____

Additional Match Kids t-shirts: ... _____ # of shirts @ \$5 each:.....\$ _____

Total Enclosed: \$ _____

Waiver:

I, the undersigned, assume full and complete responsibility for any injury or accident, which may occur during my child's participation in this event. I hereby release and hold harmless the Miracle Match KIDS, Scott & White Healthcare, City of Temple, City of Waco, sponsors, promoters and all other persons and entities associated with this event or their agents, employees or otherwise, including all injuries and damages which were caused by the negligence of the released parties

Parent's name (printed) _____

Parent's Signature _____

Give to the school PE teacher or MMK coordinator with the fee. You may also mail this form with fee (checks payable to the Miracle Match KIDS) to:

Miracle Match KIDS, 11210 Whiterock, Temple, TX 76502