



presented by

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Kids Sprints Contest

Friday, June 16th, 2017

Parks & Recreation



Grandview Heights



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™

Boys & Girls

Ages 5-7 & 8-10 years of age

FREE!!

Feel the thrill of a bike racer by being in the Kids Sprints race on Friday, June 16th, 2017 at 7:50 p.m.

Race Day registration starts at 6:00pm – 7:30pm, located north side of Avondale and First Ave. All participants will be fitted by Dr. Tom Pommering of Nationwide Children's Hospital Sports Medicine for a new bike helmet and will receive a participation ribbon! Age group winners will be awarded a special savings certificate from MembersFirst Pathways Financial Credit Union! Pick up or mail a completed race application to:

Send Pre-Registration to: Grandview Parks & Recreation
1515 W. Goodale Blvd., Columbus, OH 43212

Race Day Registration: Friday, June 16th, 2017

Registration Time: 6:00 – 7:30 pm - Kids Sprint registration First Ave. & Avondale

Starting Line: On First Ave. just below Glendale – Heading East on First Ave. towards the Main Stage. Race ends in front of the Main Stage.

Cost: FREE!

Racers Name: _____ Phone Number: _____

I am entering the Kids' Street Sprints in the category of:

_____ Age 5-7 girls _____ Age 8-10 girls
 _____ Age 5-7 boys _____ Age 8-10 boys

By applying to enter the Kids Sprints, I am assuring the Grandview Community Association, the coordinator of this event and the City of Grandview Heights that I have a bicycle that has been checked by my parent or legal guardian and that they believe is in good and safe condition. I further agree to wear a helmet and any other safety gear that my parent/legal guardian believes I should wear to ride in the Kids Sprints.

PARENT/LEGAL GUARDIAN:

I give my child/legal ward permission to participate in the Kids Sprints on Friday, June 16th, 2017. I have inspected my child's/ward's bicycle, and find it to be in safe riding condition. I have instructed my child/ward on the use of safety helmets and other cycling safety equipment, and I accept responsibility for any accident or injury resulting from my child's/ward's participation in the Kids Sprints.

Parent Signature: _____

Date: _____

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