

2006 Men's Prostate Cancer Four-Mile Training Program Registration Form

Full Name _____

Address (include zip) _____

E-Mail Address _____

Phone _____ Age _____

Emergency contact name and phone number _____

Are you (check one) _____ currently a non-runner

_____ currently do some running, but less than four miles

_____ already able to run four miles and want help improving speed

What is your current or most recent exercise regimen? _____

If not currently exercising, when did you last regularly exercise and what did you do?

Have you had any injuries that have prevented you from exercising? _____

Any other health issues/risks of concern? _____

What would you like to get out of this program? _____

Waiver

I will not hold the volunteers, organizations or individuals involved in the organization or operation of this training program or race liable for any injuries sustained as a result of these activities.

Sign Here _____

Please mail or deliver application and \$15 check made payable to UVA Urology-Men's Four Miler to:

Ragged Mountain Running Shop
#3 Elliewood Avenue
Charlottesville, VA 22903

UVA Messenger Mail
Dept. of Urology Attn: Sam LeBeau
Box 800422

For more information email swl6e@virginia.edu or call Ragged Mountain Running Shop at 293-3367