



*Trinity Catholic Academy's*  
*6<sup>th</sup> Annual*  
**TCA 5K Run/Walk**

**Saturday, September 29<sup>th</sup> starting at 9am**  
**650 4<sup>th</sup> St**  
**LaSalle, IL 61301**  
**Registration begins at 7am**

Course designed to go through the scenic streets of LaSalle, starting and finishing at TCA.  
Refreshments will be provided after the race.

Awards for Overall 1<sup>st</sup> Place male and female runners  
Medals for 1<sup>st</sup> Place male and female TCA students  
Medals for Top Three in each age categories:

8 and under Male/Female \* 9-11 Male/Female \* 12-14 Male/Female \* 15-19 Male/Female  
20-25 Male/Female \* 26-30 Male/Female \* 31-35 Male/Female \* 36-40 Male/Female  
41-45 Male/Female \* 46-50 Male/Female \* 51-55 Male/Female \* 56-60 Male/Female  
61-65 Male/Female \* 66-70 Male/Female \* 71-75 Male/Female \* 76-80+ Male/Female

**Pre-Registration fee of \$20 is due by September 14th to guarantee shirt**  
**Race day registration fee is \$25, with no guarantee of shirt**

**Complete form and return to TCA c/o Fundraising Director, 725 4th Street, La Salle, IL 61301**  
*Questions can be directed to Esmeralda Avila (815) 780-9991*



Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Shirt size (circle one): **YS YM YL S M L XL**  
Email \_\_\_\_\_

**Waiver (Read before signing):** I know that participation in this event is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race official as to my ability to safely complete the event. I assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather (including excessive heat), traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Town of La Salle, Trinity Catholic Academy, race officials, volunteers, and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I know that dogs, bicycles, in-line skates, and headphones are not allowed on the course.

**Signature of Athlete (or Parent if under 18 years of age)** \_\_\_\_\_

**Emergency contact/phone** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>For Official Use Only. Do Not Mark.</b></p>	<p>Runner No. _____</p> <p><input type="checkbox"/> TCA Student</p>
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