



LIVESTRONG®  
AT THE YMCA

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MISSION IN MOTION 2025

Saturday, May 17th, (8 am - Noon)

YMCA of Central Massachusetts

Benefitting LIVESTRONG® at the YMCA

Providing Physical and Emotional Support for Cancer Survivors and their Families

## YMCA OF CENTRAL MASSACHUSETTS MISSION IN MOTION 2025 REGISTRATION FORM

Please enter me into the Mission in Motion event on May 17, 2025. I agree to assume responsibility for all risk of damage or injury to me as a participant. In consideration of being accepted as an entrant into Mission in Motion, I hereby for myself, my heirs, executors, and administrators, release and discharge any and all individuals and organizations associated with this event from all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or incident to, my participation in this event. I hereby certify that I will not participate into the Mission in Motion event unless I am physically fit and sufficiently trained for participation.

The team entry fee is \$500 due on or before May 17, 2025 with a required deposit of \$100.

Please print neatly and fully complete the below section. Please return the form below with the \$100 deposit (checks payable to YMCA of Central Massachusetts) to your Wellness Director or mail to: The YMCA of Central Massachusetts, Attn.: Eileen Pinchuck, 766 Main Street, Worcester, MA 01610.

The Y is a 501(c)(3) nonprofit organization. Our Tax ID # is 042-105-885

Name \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Branch Location \_\_\_\_\_ Team Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Event Day \_\_\_\_ yrs. Gender Male / Female YMCA Member YES / NO

T-shirt Size, please circle: XXL / XL / L / M / S Child Watch YES / NO Ages \_\_\_\_\_

If registering by credit card, please circle type: MasterCard / Visa / Discover / Amex

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ (If under 18, parent must sign)