

Position Assigned (Official Use Only):



Schoolhouse Hustle 2026 VOLUNTEER REGISTRATION

NAME: _____

DOB: ____/____/____ GENDER: _____ T-SHIRT SIZE (S-M-L-XL-XXL if available): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

SPIRIT STICK - I AM VOLUNTEERING IN SUPPORT OF (Citrus County Public School): _____

Every participant & volunteer can run/walk/volunteer in support of a Citrus County public school. The school with the most overall participants/volunteers & the school with the highest participation + volunteers / student ratio (based on student enrollment) will each win a \$1,000 grant. Please designate for which school you are volunteering.

CITRUS COUNTY PUBLIC SCHOOLS: AES-Academy of Environmental Science, CES-Citrus eSchool, CHS-Citrus High School, CRE-Central Ridge Elementary, CREST-CREST School, CRH-Crystal River High, CRM-Crystal River Middle, CRP-Crystal River Primary, CSE-Citrus Springs Elementary, CSM-Citrus Springs Middle, FCE-Floral City Elementary, FRE-Forest Ridge Elementary, HER-Hernando Elementary, HOM-Homosassa Elementary, IMS-Inverness Middle, IPS-Inverness Primary, LHS-Lecanto High, LMS-Lecanto Middle, LPS-Lecanto Primary, PAC-Pace Center, PGE-Pleasant Grove Elementary, RCE-Rock Crusher Elementary, WTC-Withlacoochee Technical College

In consideration of accepting this application to volunteer, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against the sponsors of the race and/or officials of said event, town, police, fire department, and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and not under any medical restrictions or limitations, and that a medical doctor has verified my physical condition. I understand that the course is open to vehicular traffic and will act with due care.

SIGNATURE (Parent if under 18 years of age) _____ Date _____

EMERGENCY CONTACT INFO: _____

Relation _____ Cell _____

