

# Turkey Trot 2019

5K Event Benefiting Homelessness & Cancer Research



Saturday, November 23rd, 2019  
\$25 Participation Fee (Run/Walk)

## Event Information

This Packet contains the information and registration forms needed to participate. This is an annual 5k Charity Event held by the Urbana High School Mini-THON on Saturday, November 23rd, 2019 to benefit pediatric cancer research and battle homelessness.

- **Event Date:** Saturday, November 23rd, 2019 (9:00 AM - 12:00 PM)
- **Event Type:** Untimed community 5k walk/run charity event.
- **Registration:** Begins at 9:00 AM, Participants are strongly encouraged to arrive at least 30 minutes early.
- **Venue Address:** 3471 Campus Drive, Ijamsville MD, UHS Stadium
- **Registration Cost:** It costs \$25 to register for the event. This includes a T-Shirt, running bag, water bottle, snacks, and other merchandise!
- **Payment:** Cash & Checks made out to 'UHS' are acceptable.

- **Dress Information:** Dress appropriately for the weather on the given day. Sneakers and appropriate athletic attire is recommended.
- **Incident Weather:** Mother nature is never easy to predict. In the event that the weather is severe enough and the 5k isn't safe to hold; It will either be rescheduled, modified, or canceled.
- **Ways to Submit Forms & Payment:**
  - Directly to Mr. Ferrante or Mr. Ward (Event advisors)
  - A member of the Mini-THON Board or Lexi Rosemarin / Hannah Carey
  - Mail in the packet to 'Urbana High School Mini-THON', 3471 Campus Drive, Ijamsville Maryland, 21754.
  - Drop off the packet in the front office of Urbana High School

## Event Schedule

- 9:00 AM - Arrival Gates Open
- 9:30 AM - Wave #1 is released
- 11:00 AM - Winner Announcement
- 12:00 PM - Event Wrap Up

## List Of What To Bring

- Your ID, Drivers License, Student ID, or otherwise form of identification
- Water Bottle
- Cash (Food & Beverage will be for sale at the game)
- Change of clothes, Change of shoes, & a towel

## Contact Us

For questions please contact Mr. Ward at [Stephen.Ward@fcps.org](mailto:Stephen.Ward@fcps.org) or Mr. Ferrante at [Matthew.Ferrante@fcps.org](mailto:Matthew.Ferrante@fcps.org).

# UHS Student Runner Form

Runner Name: \_\_\_\_\_

Grade (Circle):      Freshman      Sophomore      Junior      Senior

T-Shirt Size (Circle):      XS      S      M      L      XL      XXL

1st Semester Teacher: \_\_\_\_\_

I waive any and all rights I may have against the Urbana High School Mini-THON association, Frederick County Public Schools, Individuals associated with this event, sponsors, or any suppliers of this event of incidents of injury or damages suffered by me and which may arise out of or anyway be affiliated with this event. I acknowledge that those affiliated with this event are not responsible for any sort of damage to property among items that I have chosen to bring to this event. I knowingly assume all risks involved with the participation of this event. In addition, I acknowledge that any photography or film taken at this event may be used on online publications, advertising, and promotional literature.

Photos, Videotape footage, and personal interviews with Urbana High School students who are involved in various school-related activities are used as community relation efforts (i.e Newspapers, publications, local television, and school district's website). By signing below, you're granting permission to the School District to photograph or videotape the person named below for school-related & community publications such as the district calendar, newsletter, district website, and local media. FCPS is sincere in its commitment to keep the public informed of the programs, activities, and events that are taking place within our schools. Without your permission, your child cannot be part of this endeavor. However, in situations where large groups are participating, it is impossible not to photograph certain students. Therefore we cannot prevent the use of photos that unintentionally include your child.

Consent (Write either DO or DO NOT): I \_\_\_\_\_ consent to have a photo, video, or information with my child submitted in releases for publication & public distribution.

Runner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical And Contact Information

Participant Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell-Phone Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Cell-Phone Number: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Cell-Phone Number: \_\_\_\_\_

*Mark an "X" next to any applicable conditions. Use additional space to briefly explain.*

\_\_\_\_ Asthma \_\_\_\_\_

\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_ Emphysema \_\_\_\_\_

\_\_\_\_ Epilepsy \_\_\_\_\_

\_\_\_\_ Heart Problems \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Medications: (List any medications you are currently taking)

\_\_\_\_\_ Dosage \_\_\_\_\_ Times \_\_\_\_\_

\_\_\_\_\_ Dosage \_\_\_\_\_ Times \_\_\_\_\_

Family Physician: (Write the name & phone number of your family physician)

Name: \_\_\_\_\_ Cell-Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# UHS Non-Student Running Form

Please answer all applicable parts. Runners 12 & under must be accompanied by a Parent.

Runner Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size (Circle):      XS    S    M    L    XL    XXL

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Consent (Write either DO or DO NOT): I \_\_\_\_\_ consent to have a photo, video, or my information submitted in releases for publication & public distribution.

Runner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_