



# 26<sup>th</sup> Annual Run against Diabetes 5k



With

## Kid's Dash, 2 Mile, Mile Fun Walk



SALT RIVER HIGH SCHOOL ATHLETIC BUILDING

(4827.North Country Club Dr.)

**SATURDAY, NOVEMBER 23, 2013**

**On-site registration & packet pickup starts at 7:00 am – 8:00 am**

**First event starts at 8:15 am**

### Events:

- Kid's Dash ~ start time 8:15 am
- 5k ~ start time 8:30 am
- 2 Mile ~ start time 8:40 am
- Mile Fun Walk ~ start time 8:45 am

### Entry Fees:

**SRPMIC Enrolled Community Members (w/SRID) – Fee Waived**

**NON- SRPMIC Enrolled Community members – Entry Fee**

- 12 & under \$5.00 (day of \$10.00)
- 13 – 54 yrs \$10.00 (day of \$15.00)
- Seniors 55+ - \$5.00 (day of \$5.00)

Individuals with Diabetes – Fee Waived

Make money orders and checks payable to:

### SRPMIC Diabetes Program

Mail to:  
 SRPMIC Diabetes Program  
 Attention:  
 Roberta Johnston  
 Health Service Building #13  
 10,005 E. Osborn Rd  
 Scottsdale, AZ 85256

**Deadline: November 20, 2013**

**5K:** Awards will be presented to 1<sup>st</sup> and 2<sup>nd</sup> place Male and Female in the 5k.

12 & under, 13 – 19, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60+

### 2 Mile:

1<sup>st</sup> and 2<sup>nd</sup> Finisher (12 and Under)

1<sup>st</sup> and 2<sup>nd</sup> Finisher (13 -59)

1<sup>st</sup> and 2<sup>nd</sup> Finisher (60+)

**Kid's Dash:** (4 – 6), (7 – 9), (10 -12)

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> place Finisher

Travel Award to the Native Community with most participants out to run or walk.



**SRPMIC Health Services  
DIABETES PROGRAM**

### Registration Form:

Please circle event you will be participating in:    5k            2 Mile            Mile Fun Walk            Kid's Dash: (4-6) (7- 9) (10-12)

T-shirt size: (Youth)    Med    Lg    XLg            T-shirt size: (Adult)    SM    Med    Lg    XLg    2XLg    3XLg (no shirt larger than 3XLg)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sex: Male    Female            DOB:    /    /            Age Day of Race:            SRPMIC ID#: **615-U-**

Address Number and Street:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (    )    ---

SRPMIC Community Member: YES NO    SRPMIC Community Resident: YES NO    SRPMIC Community Employee: YES NO

Other Community: \_\_\_\_\_ Do you have Diabetes: YES NO (entry fee is waived)

In consideration of my participation in the Health Services' Diabetes Program's **26<sup>th</sup> Annual Run Against Diabetes** on **Saturday, November 23, 2013**, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Services Department, Diabetes Program, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individual associated with the event for any claim damages or injuries sustained by me during the fitness event/program.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Need Guardian's Signature, if under the age of 18 yrs.)