



3rd Annual OADCC "Run For The Children" 5K

SATURDAY April 24th 8:30 A.M
447 SAYLES ST.
ONEIDA, NEW YORK

- Post Race Refreshments available to all runners immediately following race and walk
- Course is flat and fast!!
- USATF Certified # NY-08009-JG
- ASICS TECHNICAL SHIRTS

RACE DAY INFORMATION

- Walk Start 8:20 A.M.
- **5K Start Time: 8:30 A.M**
- Fun Run Immediately following the run
- Start Line: Oneida Area Day Care Center – 447 Sayles St. Oneida, NY 13421
- Packet pick-up/race day registration at Oneida Area Day Care Center 6:30 - 8 A.M
- Tech-Shirts guaranteed for all preregistered runners
- Split Times –Mile Markers and at Finish
- Water on Course @ mile 1 and 2
- Awards: Top Male & Female Overall + Top 3 in each age group
 - Award for all Fun Run Participants
- Baby Joggers and Strollers will only be allowed in 5K Walk

Age Groups

Men and Women	
	14 & under
	15 to 19
	20 to 29
	30 to 39
	40 to 49
	50 to 59
	60 to 69
	70 & up

Fees:

5K Run Early Registration Fee-Postmarked on or before April 10	\$18
5K Run Registration Fee- Postmarked after April 10 & Race Day ***shirt not guaranteed***	\$25
Walk	\$10
Fun Run – Ages 6 and Under and 6 and Up	Free

OFFICAL ENTRY FORM OADCC – RUN FOR THE CHILDREN 5K

Make check or money order payable to: Oneida Area Day Care Center
To: OADCC 447 Sayles St. Oneida NY 13421

Last Name _____ First Name _____ M.I. _____

Street Address _____ City _____ State _____ Zip _____

Phone (____) _____ Male ___ Female ___ Birthdate _____ Age _____ Email _____
(Month/Day/Year) (Day of Race)

5K Run ___ Walk ___ Fun Run/Age ___ Shirt Size (5K Run Only): S ___ M ___ L ___ XL ___

Credit/Debit Card Info. # _____	Exp. Date _____	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>
Cardholder Name _____	Signature _____		

In consideration of my entry being accepted, I intend to be legally bound, and do hereby release, for myself, my heirs, executors and administrators waive and release rights and claims for damage which I may have or which may hereinafter accrue to me against the Oneida Area Day Care Center, its respective officers, agents, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in consideration with my association with or entry of participation in this race. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose whatsoever. **I have read the above release and understand that I am entering this event at my own risk.**

(Date)

(Signature)

(Parent or guardian signature if under 18)