

Kayenta Service Unit – Health Promotion Program

2023 TURKEY TROT Virtual Fun Run/Walk - Registration Form

Please complete the following information (your incentive will be shipped here):

Name:					
Address:					
Phone:			Email:		
Gender:	Male	Female	Prefer to not answer		
Age Group:					
18-29 yrs.	30-39 yrs.	40-49 yrs.	50-59 yrs.	60-69 yrs.	70yrs. & older
Race Distance (select one only):		5K (3.1 Mi.)	10K (6.2 Mi.)		
Shirt Size (adult sizes):					
Small	Medium	Large	X-Large	2X-Large	3X-Large

Up to four (4) children, under 18yrs, can be registered below:

Child's Name	Gender	Age	Race distance	T-shirt Size (while supplies last)	
			5K	<input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Small <input type="checkbox"/> Other: _____
			5K	<input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Small <input type="checkbox"/> Other: _____
			5K	<input type="checkbox"/> Youth Medium <input type="checkbox"/> Medium	<input type="checkbox"/> Adult Small <input type="checkbox"/> Other: _____
			5K	<input type="checkbox"/> Youth Medium <input type="checkbox"/> Medium	<input type="checkbox"/> Adult Small <input type="checkbox"/> Other: _____

Email your completed registration form to: Robyn.Maho@ihs.gov OR mail to:
Kayenta Service Unit, Health Promotion Program, P.O. Box 368 Kayenta, AZ 86033

For more information or questions, contact the Kayenta Health Promotion Program at: (928) 697-4220.

WAIVER OF RESPONSIBILITY:

In consideration of your acceptance of this entry, for myself, heirs, executors, or administrators, I hereby waive and release any and all rights and claims for damage I may have against sponsoring organizations or representatives for any and all injuries sustained by in any activity, including transportation to and from the site of such activity, related directly or indirectly to my participation of said activity. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. I understand that any use of my image and/or voice will be for the purpose of health promotion.

Signature or Parent/Guardian: _____ Date: _____

*Must sign if child/children is/are under 18 years old

Walk or run your miles anytime, anywhere safe and convenient for you. Complete your miles by **November 17, 2023**. Track your run/walk with a smart phone GPS app of your choice (Ex. mapmyrun, mapmywalk, runkeeper, Strava, etc.). Screenshot your route or log sheet (attached) and email it to:
Robyn.Maho@ihs.gov

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRA, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer.

Kayenta Service Unit – Health Promotion Program **2023 TURKEY TROT Log Sheet**

Name: _____

Submission Date: _____

Date:	Miles Completed:	Location:
Total Miles Completed:		

Name: _____

Submission Date: _____

Date:	Miles Completed:	Location:
Total Miles Completed:		