

Bellin Run Information

No matter if you are a first time walker, Bellin Run veteran, or anywhere in between, we would like to extend an invite to you to join **TEAM ONEIDA**.

TEAM ONEIDA consists of Tribal Members, Employees and their families/friends.

Date: June 9 2018

Time: 8:00 am

Team Picture: 7:20 am-Astor Park Bleachers

Place: In front of Bellin Health Hospital (Webster Ave.)

Cost: \$25 for 10K

\$12 for Kids Run (held June 8 at 6 pm)

Use Team Code 716 for TEAM ONEIDA!

**** TAX FREE CODE:** TaxFree25 or TaxFreeChildrensRun
(Tribal Members Only)

Registration (Online or Paper):

Paper registration needs to be dropped off at Oneida Family Fitness (O.F.F.) by April 30th and Online registration by May 1st to be eligible for the Corporate incentives. O.F.F. offers the use of computers to register online. Team Code is **716**.

Incentives: Exercise garments (shirt) will be available up to 200 adult sized participants who are registered by April 30th (Online - May 1st). \$10 Gas Cards will be distributed at the completion of the Bellin Run up to 200 people who are registered by April 30th (Online - May 1st). You must complete the Bellin Run to receive a Gas Card. **Youth sized exercise garments (shirts) will not be available and no gas cards will be awarded for the Kids Run.**

Packet Pick Up: O.F.F. - Week of Race—must pick up before 6pm on Friday June 8th.

Oneida Training Run/Walk

All Oneida Training Run/Walks will be held at the Oneida Family Fitness Center located at 2640 West Point Road, Green Bay, Wisconsin.

Each week we will increase distance so participants can be ready in time for the Bellin Run/Walk.

Training Run/Walks start the week of April 2 2018. The following is our planned training schedule:

MONDAY

12:15 p.m.—1:00 p.m. (Bellin Run)

5:00 p.m.—5:30 p.m. (Children's Run)

TUESDAY

5:35 a.m. -6:15 a.m. (Bellin Run)

12:15 p.m.—1:00 p.m. (Bellin Walk)

THURSDAY

12:15 p.m.—1:00 p.m. (Bellin Walk)

We have something for EVERYONE!

Times and/or Days do not work for you? We have routed maps at Oneida Family Fitness of all different distances to help you achieve your goal. Stop by to pick a few up!

Fluid Replacement -Hydrate before, during and after each training session. Fluids prevent dehydration and allow the body to perform efficiently. Water is preferred. Drink 3-4 cups, 2-4 hours before activity. Drink 2 cups, 1 hour before activity. Drink during training as tolerated and after training until satisfied. Drink 10-12 cups daily during training.

Brought to you by Special Diabetes Program for Indians



BELLIN RUN 2018—TEAM ONEIDA

Paper Registration Deadline: April 30, 2018

Online Registration Deadline: May 1, 2018

(Registration after these dates will NOT receive corporate challenge incentives.)

First Time Bellin Run Participant: ☐ Yes ☐ No

Please Select: ☐ Oneida Enrolled ☐ Oneida Employee

☐ Family/Friend (Name of Employee): _____

Please Print (required to fill-out each space):

☐ Male ☐ Female

Name: _____

Address: _____

(Street, City, State, Zip Code)

Phone: _____

Email: _____

Date of Birth: _____ / _____ / _____

Month Day Year

Emergency Contact (required):

Name: _____

Phone: _____

Event (Please select one):

☐ 10K Run Anticipated Pace (minutes per mile):

☐ Sub 8:00 ☐ 8:00-8:59 ☐ 9:00-9:59 ☐ 10:00-10:59 ☐ 11:00 +

☐ 10K Walk ☐ 10K Wheelchair ☐ 10K Stroller

☐ 0.5-mile Children's Run (Friday 6:00 p.m.)

Adult Tech Shirt Size :

Women's: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Men's: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Child T-Shirt Size:

☐ S (6-8) ☐ M (10-12) ☐ L (14-16)

Entry Fee:

☐ Run / Walk : \$25

CONSENT AND LIABILITY WAIVER

Hold Harmless: By participating in the Bellin Run, I agree to release and hold harmless Bellin Memorial Hospital, Inc., its officers, directors, employees and agents, the City of Green Bay, and the Village of Allouez, from any and all liability, losses, claims, actions, costs, including attorney fees resulting from injury to person or damage to property arising out of my participation in the Bellin Run.

Photograph Authorization: I hereby give Bellin Memorial Hospital, Inc., and its affiliates, permission to photograph me during the run and its related activities, and to use those photographs for any purpose, including but not limited to commercial purposes, Bellin Health advertisements and promotional materials.

Eligibility Certification: I certify that in accordance with the rules of TAC and IAAF governing amateur status, I am eligible to compete in this event. (No ineligible runners will be allowed to compete.)

As a participant in the Bellin Run, I understand I may become ill or injured and medical treatment may be necessary. I give consent to Bellin Health medical staff and/or volunteers to evaluate, treat injuries/illnesses, and activate emergency care as indicated.

Participant Signature _____ Date _____

Parent or Guardian Signature for Minor _____ Date _____