

5K Run/Walk & One Mile Fun Run benefiting the

WAVELENGTHS

presents



December 4, 2010
Registration-7am
Race/Walk-8am

The race will start and finish in front of the Children's Cancer Clinic on the University of Mississippi Medical Center campus. Parking is available on campus for race participants.
Register online: www.mstrackclub.com

5K Run Division: Male & Female

Overall (1)	40-49 (3)
Masters 40+ (1)	50-59 (3)
Grand Masters 50+ (1)	60-69 (3)
10 & under (3)	70+ (3)
11-19 (3)	
20-29 (3)	
30-39 (3)	

5K Walk Division: Male & Female

Overall (1)	
Masters 40+ (1)	
Grand Masters 50+ (1)	
19 & under (3)	50-59 (3)
20-29 (3)	60-69 (3)
30-39 (3)	70+ (3)
40-49 (3)	

One Mile Fun Run

Overall(1)
Male and Female
Age 15 & under only

0-5 (3)
6-7 (3)
8-9 (3)
10-12 (3)
13-15 (3)

Registration Form

(Please use one entry form per person.)

Name: _____ Phone: _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth: _____ Age as of 12/4/10 _____ Sex _____ T-Shirt Size: _____ (Youth/Adult)

Event: 5K Run 5K Walk One Mile Fun Run **Cash and Check ONLY on Race Day**

Cost: (Make Checks payable to the Blair E. Batson Children's Cancer Clinic)

5K Run/Walk-

Pre-registration by November 22, 2010-\$20 (Includes two chances in door prize drawing & long sleeve race t-shirt.)
 November 23, 2010 to Race Day-\$25

One Mile Fun Run-

Pre-registration by November 22, 2010-\$10
 November 23, 2010 to Race Day-\$15

Mail To: Jingle Bell Jog c/o Gina Beasley
 University of Mississippi Medical Center
 Children's Cancer Clinic
 2500 North State Street
 Jackson, MS 39216



Internal Medicine & Pediatric Associates
 Ridgeland, MS

Visit our website: curekidscancer.umc.edu

Waiver: I hereby certify I am adequately fit to run/walk in this race. In consideration of acceptance of this entry, I, the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release and discharge any and all rights and claims which I have or may have hereafter accrue to me or my estate against the MS Children's Cancer Clinic or Blair E. Batson Hospital, MS Track Club and/or any sponsors, organizers and volunteers and assigns for any and all injuries or death suffered by me in this event. I will also allow my picture and name to be used in publications as a result of this race. (A parent or legal guardian must sign for all participants under the age of 18.)

Participant Signature _____ Date _____ Print Name _____
 Parent/Guardian Signature _____ Date _____ Print Name _____