Run For Hayli 5K Race

Saturday, May 7, 2016 9:00am to 12:00pm

Race starts/ends at the Dryden MS/ HS Track

Registration at the Press Box

We are hosting our 2nd annual 5K in memory of one of our students. Hayli Hough was a Dryden Student. She was diagnosed with Acute Myeloid Leukemia in August of 2013. After going through many rounds of treatment in January 2014, Hayli was in remission. In April, the Leukemia was back. This time she needed a bone marrow transplant. Looking for a match proved to be difficult, but one was finally found. Hayli got her bone marrow transplant in August 2014. In December 2014, she had signs that the leukemia was coming back. In February 2015, Hayli returned to the hospital for more treatments. Sadly, Hayli passed away in April of 2015. Dryden lost a creative and spirited mind to leukemia.

Last year's run was a success! We had over 200 people attend the event to run or walk to support our student and her family. We would love to make this year's event just as successful as last year's - if not even better! The proceeds from this event will go towards scholarships for graduating seniors in Hayli's class - 2018.

Time: Racers check in between 9:00am and 9:45am. Registration ends at 9:45am. 5K Run will begin promptly at 10:00am. (Packets can also be picked up the night before at a Spaghetti Dinner to be held at the Dryden Middle School Cafeteria. Details to come regarding this event.)

Race Course: Race will start on the track. The course continues down the sidewalk to Route 38. Use crosswalk and turn left. At the light, turn right at the Queen Diner. At the next light, turn right at the Village Green. Stay on Route 13 until turning right at Wall Street. Turn right onto Elm Street and continue to Route 13/38. Turn right onto Route 13/38. At the Village Green turn right. Stay on Route 13 until turning right onto Lewis Street. At the end of Lewis Street, turn left. At the crosswalk, cross Route 38 back onto sidewalk heading towards the track. Finish line will be posted.

Last Name:			First Name:	Sex: M F	
Address:			City: State:	Zip:	
Phone: ()	Email:		Age: (As of May 7)	
Shirt Size: S	M L XL XXL	XXXL	I plan on: Running Walking Volunteer		
Check One:	Under age 18 registration	\$10.00	Please make checks payable to: Dryden Central School District	(Run For Hayli in Memo)	
	Over age 19 registration	\$27.50	Send payment to: DCSD, c/o Run For Hayli, PO Box 88, Dryde	n NY 13053	
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Primary Emergency Contact Name:	Phone: ()
Secondary Emergency Contact Name:	Phone: ()
Allergies (Medication/ Environmental) and Existing Medical Conditions:	
Primary Physician Name:	Phone: ()
Waiver: In consideration of you accepting this entry, I, the participant, intending to be legally be injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assist any and all injuries to me or my personal property. This release includes all injuries and/or damage that this release is binding on my heirs, executors, administrators, or assignees.	ting with the event, sponsors and their representatives, volunteers and employees for
I know that running a road race is a potentially hazardous activity. I should not enter and run unler running in this event including, but not limited to: falls, contact with other participants, the effect have based on any of those and other risks typical found in running a road race. I acknowledge al race official relative to my ability to safely complete the run. I certify as a material condition to me the completion of this event and that a licensed Medical Doctor has verified my physical condition	ts of weather, traffic, and course conditions, and waive any and all claims which I might ll such risks are known and understood by me. I agree to abide by all decisions of any my being permitted to enter this race that I am physically fit and sufficiently trained for
In the event of an illness, injury or medical emergency arising during the event I hereby authorize ic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be to me including but not limited to medical transport, medications, treatment and hospitalization.	
By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years)	years) having read and agreed to the above release and waiver.
Further, I grant permission to all the foregoing to use my name, voice and images of myself in an electronic recording of this event for legitimate purposes.	ny photographs, motion pictures, results, publications or any other print, videographic or
Participant / Guardian Signature:	Date: