

# Tooth Trot 5K

January 24, 2026 8:00AM

Wickham Park Community Center

2815 Leisure Way, Melbourne, FL 32935



## Time Table:

**Friday, January 23rd: Running Zone** (3696 N. Wickham Rd)  
10:00 AM-6:30 PM: Early Packet Pickup and Registration

**Saturday, January 24th: Wickham Park Community Center** (2815 Leisure Way, Melbourne, FL)

6:45 AM: Registration & Packet Pickup Opens

7:45 AM: Registration & Packet Pickup Closes

**8:00 AM: Race Start!**

9:15 AM: Lil' Kids Run

*\*Awards Ceremony immediately following the race*

## Awards:

Top 3 Overall M&F, Top Masters M&F (40+)

Top Grandmasters M&F (50+) Top Senior Grandmasters M&F (60+)

Top 3 M & F in each age group:

9 & under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-89, 90+

Top 10 Competitive Walkers\*

Top Team & Top Dental Team

\*Competitive Participants must WALK the entire course, NO jogging or running permitted! This division is subject to race walking regulations. Scored separately from 5K Run and cannot change category mid-race. Awards to top 10 competitive walk finishers. Not eligible for age group awards.

**To Benefit: Give Kids a Smile: Free dental care to children in need. Presented by Brevard County Dental Society.**

## Race Amenities:

- Long Sleeve Race Shirts (first 500 registrants, size availability not guaranteed)
- Tasty post-race refreshments
- Opportunities to win door prizes
- SCR Roy Series Race
- Run for the Kids Challenge Race

Fees	Through 1/9	1/10 and after
Adult	\$35	\$40
SCR Member	\$30	\$35
Virtual	\$35	\$40

**SORRY, NO REFUNDS.**

## Tooth Trot - Official Entry

Mail entry form with fee to: Running Zone - 3696 N. Wickham Rd, Melbourne, FL 32935

Make checks payable to: **Tooth Trot**



**Name (First and Last):** \_\_\_\_\_

**Sex (circle one):** Male Female **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age on Race Day:** \_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Team Name (Optional)** \_\_\_\_\_ **Is your team dental related?** Yes or No

**Are you registering as a competitive walker?** Yes or No (Please see description above about competitive walking)

**Shirt Size (Circle one):** Youth S Youth M Youth L S M L XL XXL No Shirt (\$5.00 off)

## INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. As it applies to my participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes. This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non transferable. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

Signature

Signature of parent for those under 18

Date