



Healthy Living Castle Style

2010 Castle High School Fun Run

Share the fun and joy of being active.
Easy way to fundraise for your club.
Raise money to support the cure for cancer.

Saturday, April 17, 2010

J. B. Castle High School Athletic Field

7:30 a.m. to 9:45 a.m.

- ♥ A team consists of 10 people
- ♥ Entry fee per person is \$10.00
- ♥ Each participant receives a drawstring backpack
- ♥ Each team will receive \$4.00 of each team member's \$10.00 entry fee
- ♥ Community people are welcome to participate under a Castle team

Registration

Registration Forms available in Rooms 6 & 14B and the Front Office

All forms due by Wednesday, March 10, 2010, to Ms. Yoshimori in Room 6

Fun Run Relay, 8:00-9:00 a.m.

Sign-in on April 17, 2010, on the athletic field from 7:30 a.m.

Teams walk/run a lap around the track. After one member is finished with a lap they tag the next team member until 10 laps are completed.

Awards Ceremony, 9:30 a.m.

Teams will be recognized for the following categories:

- Oldest Average Age
- Youngest Average Age
- Most Original Costumes
- Most Spirited Team
- Most Original Team Name
- Most Original Cheer (at the end of the relay)

Activities Provided by: Hawaii Medical Center-Cancer Screening and Education Program, Kapi'olani Women's Center, Straub Clinic and Hospital, American Cancer Society, REAL, Kaiser Permanente, and Jamba Juice

If you have any questions please see Mrs. Yoshimori (ext. 2233) in Room 6



or
Mrs.



Linskey (ext. 2265) in Room 14B.

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Registration Form



All forms due by Wednesday, March 10, 2010,
to Ms. Yoshimori in Room 6

NO REFUNDS WILL BE GIVEN.

PARTICIPANT:

<hr/>	
Last Name	First Name
<hr/>	<hr/>
Age	Cell/Phone Number

CASTLE ORGANIZATION NAME (If blank, donations will go to Castle Student Activities)

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ADVISOR/CASTLE STAFF NAME	Phone Number

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TEAM CAPTAIN	Phone Number

WAIVER AND RELEASE I the undersigned, intending to be legally bound for myself and/or my heirs, executors and administrators, hereby waive and release any and all rights and claims for damages I and/or my child may have against Castle High School, the State of Hawaii, Hawaii Medical Center-Cancer Screening and Education Program, Kapiolani Medical Center for Women and Children, Straub Clinic and Hospital, American Cancer Society, REAL, Jamba Juice, the sponsors and their Agents and Representatives, and verify that I and/or my child are physically fit and my and/or my child's physical condition is good. I additionally agree that the use of my name and/or my child's name and picture in broadcasts, telecast, etc., arising out of participation in Healthy Living Castle Style: Fun Run shall be allowed without charge, and should this be done, it has my and/or my child's full consent.

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Signature of Participant	Date

If participant is a student at Castle High School or under 18 years of age parent signature required.

Print Parent/Guardian's Name

Phone Number

Signature of Parent/Guardian

Date