



Sunday, May 5, 2019

Registration: 12:00 p.m. – 2:00 p.m.

5K: 2:00 p.m. – 4:00 p.m.

Location: Ontario High School, 467 Shelby Ontario Road Ontario, OH 44906

Every penny contributed to the Diabetic Kids Fund helps send needy children to a resident summer camp, where they learn to take control of their lives while having fun biking, hiking, swimming, horseback riding and more. These camps serve the Cleveland, Dayton, Columbus, Cincinnati, Findlay, and Toledo areas. Each camp is staffed by pediatric diabetes educators, doctors, nurses and dietitians. Trained agency camp personnel select the children to attend camp. About 1000 kids attend the camps each year, and about half need financial assistance. Council Masons have helped children attend these camps since 1978. The Diabetic Kids Fund is officially recorded as the Grand Council Benevolent Fund, Inc. by the Internal Revenue Service and is recognized as a 501(c)(3) tax-deductible charitable organization. Operation of the Fund is staffed entirely by Grand Council volunteers.

Pre-register at ohioraceday.com or complete and mail this form to:

Doug Kranch
 Diabetic Kids Kamp 5K
 1250 Middle-Bellville Road
 Mansfield, OH 44904

Phone: 419-756-4621 or 419-524-9885 (Leave message)

Email: douglaskranch@gmail.com

Registration fee: \$25.00 pre-registration, \$30 on race day

T-shirt included if registered by April 21, 2019.

Sponsored by Mansfield Council #94, Royal and Select Masons of Ohio, Charles Briggs, Treasurer

First Name: _____		Last Name: _____	
Phone: _____	E-mail _____	Age on race day: _____	
Address: _____			
City/State/Zip: _____			
Gender: M F		T-shirt size: S M L XL 2XL	
Youth: S M L			
<p>Waiver and Release: In consideration of the acceptance of the entry, I waive for myself and my heirs and all claims for damages against the sponsors of the Diabetic Camp Walk, their representatives and all race officials and volunteers for injuries received during and as a result of this event. If I should suffer injury or illness, I authorize officials at the race to use their discretion to have me treated and be transported to a medical facility and I take full responsibility for this action. I certify that I am physically fit and have sufficiently prepared myself for this event.</p>			
I have read and agree to the above waiver: _____			
		Signature	Date
		Signature of Parent or Guardian if under 18	Date