

**MEMORIAL HEALTHCARE SYSTEM PRESENTS THE SICKLE CELL 5K SPRINT**

Mail to: **South Florida Striders** P.O. Box 822233 South Florida, FL 33082-2233 (954) 265-5800 Ext. 2  
 Make checks payable to: **Memorial Foundation-Sickle Cell**  
 PHOTOCOPIES ACCEPTED No entry accepted without fee. No refunds. Race will proceed rain or shine.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE \_\_\_\_\_

RACE NUMBER  
(official use)

**ENTRY FEES:**

Pre-Registered \$25

Race Day Registration (all participants) \$35

**T-SHIRT SIZE**  
 Small Large  
 Medium X-Large

INJURY SYMPTOMS (DIZZINESS, NO SWEATING, NAUSEA, CRAMPS, REDNESS, INCOHERENT SPEECH AND THOUGHTS). SEEK IMMEDIATE ASSISTANCE IF SYMPTOMS OCCUR. WEAR LOOSE, LIGHT-COLORED CLOTHING.

**RACE DAY PACKET PICKUP:**  
 RACE DAY PACKET PICKUP STARTING AT 6:15 A.M. AT BRIAN PICCOLO PARK

EARLY REGISTRATION AVAILABLE BY MAIL/ONLINE/IN PERSON AT THE FOLLOWING LOCATIONS:

**RUNNING WILD**  
 1122 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL (954) 565-9400

**RUNNER'S DEPOT**  
 2233 SOUTH UNIVERSITY DRIVE DAVIE, FLORIDA 33324 (954) 474-4074

**PREMIER RUNNING SOCCER & TRI**  
 10341 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065 (954) 340-7600

**PRE-REGISTRATION BY MAIL:**  
 MAKE CHECK PAYABLE TO: **MEMORIAL FOUNDATION-SICKLE CELL**  
 MAIL COMPLETED FORM TO: SOUTH FLORIDA STRIDERS P. O. BOX 822233 SOUTH FLORIDA, FL 33082-2233  
 OR,  
 REGISTER ON-LINE THROUGH MIDNIGHT THURSDAY, 9/24, AT: [www.active.com](http://www.active.com) or <http://floridasickle.org>

ONLINE REGISTRATION FEE APPLIES TO ALL PARTICIPANTS WILL RECEIVE ONE **T-SHIRTS**

FOR ADDITIONAL INFORMATION CALL: **MEMORIAL REGIONAL HOSPITAL HEALTH AND FITNESS CENTER**

(954) 265-5800 X 2  
 OR VISIT: [WWW.SOUTHFLORIDASTRIDERS.COM](http://WWW.SOUTHFLORIDASTRIDERS.COM)

**Many thanks to our sponsors:**



PRESENT.....  
**THE 6<sup>TH</sup> ANNUAL SICKLE CELL SPRINT**



5K RUN & FITNESS WALK

**Saturday  
 September 26, 2009  
 7:15A.M.**

BRIAN PICCOLO PARK  
 9501 SHERIDAN STREET  
 COOPER CITY

SOUTH FLORIDA STRIDERS  
 TIME & TIMING



DIMAGGIO CHILDREN'S HOSPITAL FOR SOCIAL SERVICES,  
SCHOLARSHIPS, AND BOGGY CREEK  
CAMP ANNUAL PARTICIPATION.

**PLACE:**  
BRIAN PICCOLO PARK  
9501 SHERIDAN STREET  
COOPER CITY, FL 33024

**DIRECTIONS:**  
1-95:  
TO SHERIDAN ST. (WEST), PARK  
ENTRANCE WEST OF UNIVERSITY DRIVE  
1-75:  
TO SHERIDAN ST. (EAST), PARK  
ENTRANCE EAST OF PALM AVENUE

**TIME:**  
RACEDAY REGISTRATION 6:15  
A.M.  
5K RUN & FITNESS WALK 7.15  
A.M.

**ENTRY FEES:**  
**EARLY REGISTRATION**  
THRU THURSDAY, 9/25/09 – 2:00 P.M.  
\$25.00

**RACE DAY REGISTRATION**  
\$35.00

**COURSE IS CERTIFIED AS PER USATF  
REGULATIONS  
BY GENE WITKOWSKI**

**AWARDS:**  
TOP 3 OVERALL MALE & FEMALE  
TOP MASTERS MALE & FEMALE  
TOP 3 IN EACH AGE DIVISION

**AGE DIVISIONS:**  
5K RUN: MALE & FEMALE. FIVE  
YEAR AGE GROUPS STARTING AT AGE  
14 AND UNDER THROUGH 70 AND  
OVER.

*PROCEEDS WILL BENEFIT SICKLE CELL SERVICES  
AT  
MEMORIAL HEALTHCARE SYSTEM AND JOE*

## WHAT IS SICKLE CELL DISEASE?

SICKLE CELL DISEASE IS AN INHERITED BLOOD DISORDER THAT AFFECTS RED BLOOD CELLS IN MORE THAN 75,000 AMERICANS.

SICKLE CELL DISEASE CAN CAUSE EPISODES OF PAIN, DAMAGE TO VITAL ORGANS SUCH AS THE LUNGS AND KIDNEYS, AND EVEN DEATH. YOUNG CHILDREN WITH SICKLE CELL DISEASE ARE ESPECIALLY PRONE TO CERTAIN DANGEROUS BACTERIAL INFECTIONS, SUCH AS PNEUMONIA (INFLAMMATION OF THE LUNGS) AND MENINGITIS (INFLAMMATION OF THE BRAIN AND SPINAL CORD). STUDIES SUGGEST THAT NEWBORN SCREENING CAN ALERT DOCTORS TO BEGIN ANTIBIOTIC TREATMENT BEFORE INFECTIONS OCCUR AND TO MONITOR SYMPTOMS OF POSSIBLE WORSENING MORE CLOSELY.

## ADOLESCENTS WITH SICKLE CELL DISEASE

SICKLE CELL DISEASE CAN ADD TO AND COMPLICATE THE PROBLEMS YOUNG PERSONS EXPERIENCE IN ADJUSTING TO THE MENTAL AND PHYSICAL CHANGES THAT OCCUR DURING ADOLESCENCE. ADOLESCENTS WITH SICKLE CELL DISEASE MAY HAVE UP TO A TWO-YEAR LAG IN GROWTH AND DEVELOPMENT. IN ADDITION, THEY MUST DEAL WITH OFTEN UNPREDICTABLE ABSENCES FROM SCHOOL OR SOCIAL FUNCTIONS BECAUSE OF ILLNESS.

## WHAT IS THE INCIDENCE OF SICKLE CELL DISEASE?

ABOUT 1 IN EVERY 375 AFRICAN-AMERICAN BIRTHS AND 1 IN EVERY 1,000 TO 1,400 HISPANIC-AMERICAN BIRTHS; SICKLE CELL DISEASE ALSO

OCCURS WITH SOME FREQUENCY AMONG PEOPLE OF HISPANIC, MEDITERRANEAN, MIDDLE EASTERN, AND SOUTH ASIAN DESCENT.


## WHAT IS SICKLE CELL TRAIT?

SICKLE CELL TRAIT IS A CONDITION IN WHICH THERE IS ONE GENE FOR THE FORMATION OF SICKLE HEMOGLOBIN AND ONE FOR THE FORMATION OF NORMAL HEMOGLOBIN. SICKLE CELL TRAIT OCCURS IN ONE OUT OF EVERY 10 AFRICAN AMERICANS. USUALLY, PEOPLE WITH SICKLE CELL TRAIT DO NOT HAVE ANY MEDICAL PROBLEMS AND THEY CAN LEAD NORMAL LIVES. THEY DO NOT DEVELOP SICKLE CELL DISEASE.

## SCREENING FOR SICKLE CELL DISEASE AND TRAIT

SINCE 1988, ALL NEWBORNS IN THE STATE OF FLORIDA ARE SCREENED AT BIRTH FOR SICKLE CELL DISEASE. IT IS IMPORTANT TO IDENTIFY PEOPLE WITH A HEMOGLOBIN TRAIT SO THEY WILL BE AWARE OF THEIR RISK OF HAVING CHILDREN WITH SICKLE CELL DISEASE. IF ONE PARENT HAS SICKLE CELL TRAIT AND THE OTHER PARENT HAS NORMAL HEMOGLOBIN, THERE IS A 50 PERCENT (1 IN 2) CHANCE WITH EACH PREGNANCY THAT THE CHILD WILL BE BORN WITH SICKLE CELL TRAIT. IF BOTH PARENTS HAVE SICKLE TRAIT, THERE IS 25 PERCENT (1 IN 4) CHANCE WITH EACH PREGNANCY THAT THE CHILD WILL BE BORN WITH SICKLE CELL DISEASE.

IF YOU ARE INTERESTED IN BEING SCREENED FOR SICKLE CELL TRAIT, PLEASE CALL SICKLE CELL SERVICES AT MEMORIAL REGIONAL HOSPITAL AT 800-388-5192.

 **Memorial  
Sickle Cell Day Hospital**  
*Awarded Certificate of Distinction in  
the management of Sickle Cell Disease  
by*



## SICKLE CELL SERVICES 6TH ANNUAL SICKLE CELL SPRINT 5K RUN & FUN WALK

### MANDATORY RELEASE FORM

IN CONSIDERATION OF ACCEPTING THIS ENTRY, I THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATOR, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR LOSSES AND DAMAGES I MAY HAVE AGAINST MEMORIAL HEALTHCARE SYSTEM, BROWARD COUNTY, BRIAN PICCOLO PARK, ROAD RUNNERS CLUB OF AMERICA, RACE DIRECTORS, THEIR OFFICERS, DIRECTORS, MEMBERS AND VOLUNTEERS, ANY AND ALL SPONSORS INCLUDING OTHER PARTIES AND THEIR REPRESENTATIVES SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME IN SAID EVENT. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION WHICH I AM VOLUNTARILY ENTERING AT MY OWN RISK. MY PHYSICAL CONDITION HAS BEEN VERIFIED BY A LICENSED MEDICAL DOCTOR. FURTHER, I HEREBY GRANT FULL PERMISSION TO ANY AND ALL FOREGOING TO USE PHOTOGRAPHS, VIDEOTAPES, MOTION PICTURES, RECORDINGS OR ANY OTHER RECORD OF THIS EVENT FOR ANY PURPOSE WHATSOEVER.

**IF UNDER 18, SIGNATURES OF LEGAL GUARDIAN AND PARTICIPANT ARE REQUIRED**

SIGNATURE OF ENTRANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### HEAT WARNING:

TEMPERATURES/HUMIDITY CAN BE HIGH IN SOUTH FLORIDA. PARTICIPANTS SHOULD DRINK PLENTY OF FLUIDS (NON-ALCOHOLIC) FOR 48 HOURS PRIOR TO, DURING AND UPON FINISHING THE RACE. BEWARE OF HEAT INJURY SYMPTOMS (DIZZINESS, NO SWEATING, NAUSEA, CRAMPS, REDNESS, INCOHERENT SPEECH AND THOUGHTS). SEEK IMMEDIATE ASSISTANCE IF SYMPTOMS OCCUR. WEAR LOOSE, LIGHT-COLORED CLOTHING.

### GUIDELINES FOR THE VISUALLY AND/OR PHYSICALLY IMPAIRED IN RUNNING EVENTS

EACH ATHLETE MUST BRING TO THE DESIGNATED BOOTH A PHYSICIAN'S OR OPTOMETRIST'S VERIFICATION OF STATUS AS VISUALLY OR PHYSICALLY IMPAIRED. EACH ATHLETE WHO REPORTS IMPAIRMENT MUST ALSO PRESENT THE APPROPRIATE PHYSICIAN/OPTOMETRIST CLEARANCE TO PARTICIPATE IN THE EVENT. EACH VISUALLY AND/OR PHYSICALLY IMPAIRED ATHLETE MUST BRING HIS/HER OWN GUIDE TO THE COMPETITION, HOWEVER, THE ATHLETE IS REQUIRED TO PAY ONLY ONE ENTRY FEE PER PARTICIPANT/GUIDE TEAM. ATHLETE AND GUIDE ARE REGARDED AS A TEAM. THE GUIDE MUST WEAR ON THE

FRONT AND BACK OF HIS/HER SHIRT SINGLET OR BIB THE GUIDE RUNNER. THE GUIDE IS NOT CONSIDERED A COMPETITIVE PARTICIPANT IN THE EVENT AND IS NOT SCORED. AS THE VISUALLY OR PHYSICALLY IMPAIRED RUNNER CROSSES THE FINISH LINE, THE GUIDE MUST BE BEHIND THE ATHLETE. THE METHOD OF GUIDANCE IS THE CHOICE OF THE ATHLETE. HE OR SHE MAY CHOOSE TO USE AN ELBOW LEAD, OR A TETHER, OR RUN FREE. STRAPPING OR TYING THE HANDS OF ATHLETE AND GUIDE TO ONE ANOTHER IS NOT PERMITTED. THE TETHER USED MUST PROVIDE AT LEAST 5 CM (2 INCHES) LENGTH BETWEEN THE RESPECTIVE HANDS OF GUIDE AND ATHLETE. IN ADDITION, THE RUNNER MAY RECEIVE VERBAL INSTRUCTION FROM THE GUIDE. GUIDES MAY NOT USE A BICYCLE OR OTHER MECHANICAL MEANS OF TRANSPORT. THE GUIDE CANNOT PULL THE ATHLETE, OR PROPEL THE ATHLETE FORWARD BY PUSHING.