



TEAM REGISTRATION PACKET

Patty O'Reilly, Team Participation Chair 963-0285
Susie Harris, Co-Chair 663-3367 or 963-3038

FROM THE CHAIR...

September 27, 2008, at 10 am we will kick off our 11th annual Drug Free Relay! Eleven years of taking a community stand against drugs, alcohol, and tobacco.

It is time now to start forming your team or getting on someone's team.

Why start now? If you register by August 31st, you only have to pay \$360, rather than the full \$400 registration fee.

Within this packet you will find all the information you need to register your team.

We look forward to seeing you at the Relay!

Thank you,

Patty and Susie
Team Recruitment Chairs
663-3367
963-0285

WHAT IS THE DRUG FREE RELAY?

We are a fundraising organization that brings diverse individuals together annually in a chemical-free environment to promote a drug-free lifestyle.

Teams of ten participants take turns traveling continuously around the La Grande High School track, passing their batons at the end of each mile or turn. The teams remain in constant motion for 12 hours.

WHAT IS THE POINT?

Most people enjoy testing their own limits and thrill to the camaraderie of endurance teamwork. **We strengthen our community as we come together annually to take a united stand against drug use.**

2006 STATISTICS:

Total Miles/Laps Recorded: **4,862 Laps - 1,215.50 Miles**

2006 Team with Most Miles/Laps:
LHS Boys Varsity Soccer 451 Laps, 112.75 Miles

2006 2nd Place Team for Miles/Laps:
Oregon National Guard 418 Laps, 104.50 Miles

All Time Record: Set in 2006:
LHS- Boys Varsity Soccer 451 Laps, 112.75 Miles

Previous Record: Set in 2005:
EOU Cross Country Team 400 Laps, 100 Miles

Registration Checklist:

- Call one of the following to let them know you intend to register. (Even if you don't have your team yet)
Patty O'Reilly (541) 963-0285
Susie Harris (541) 663-3367
- Complete the Team Information Form, Or Email the information to: teams@drugfreerelay.org
- Complete the Team Roster, Or Email the information to: teams@drugfreerelay.org
- Each Member of the Team must have a Signed Waiver, Parent's must sign for any underage member. Turn into Patty O'Reilly or Susie Harris when completed, no later than 9am Saturday, Sept. 27th.



Submit this information as soon as you begin forming a team:
The info can be submitted via email: teams@drugfreerelay.org
Or Call, Patty O'Reilly at 963-0285 or Susie at 663-3367

Team Name: _____
Group Representing: _____
(ie Soccer Team, ODS, etc.)
Main Sponsor: _____
Captain's Name: _____
Captain's Phone Number: _____
Mailing Address: _____

Submit this information NO LATER THAN SEPTEMBER 20TH
The info can be submitted via email: teams@drugfreerelay.org
Or Call, Patty O'Reilly at 963-0285 or Susie at 663-3367

A BRIEF DESCRIPTION OF YOUR TEAM OR DEFINITION OF WHO YOU ARE:
(THIS INFORMATION WILL BE PRINTED IN THE EVENT PROGRAM)



TEAM ROSTER

EACH TEAM MUST HAVE AT LEAST 2 ADULT MEMBERS (21 YEARS +)



Submit this information as soon as you can, it can be updated at later date: (No Later than 9am Sept 29th)

The info can be submitted via email: teams@drugfreerelay.org

Or Call, Patty O'Reilly at 963-0285 or Susie at 663-3367

Team Name: _____

Enter each participant's information. If a participant will be *replaced* by another individual (i.e. Member 1 runs from 10am to 3pm and his alternate runs from 3pm to 10pm) enter the alternate in the alternate section.

We encourage all team members to make a best effort to be at the event the entire day.

	PARTICIPANT NAME	AGE	WAIVE	SHIRT	ALTERNATE NAME	AGE	WAIVE	SHIRT	PAID
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Additional Team Members: If you decide to have more than 10 people on your team, each additional team member over the age of 12 will be charged \$20. All team members will receive a T-Shirt and Meal Ticket. Alternates may purchase a T-Shirt at cost if they desire to have one.

The maximum number of team members allowed is 20.

	PARTICIPANT NAME	AGE	WAIVE	SHIRT	ALTERNATE NAME	AGE	WAIVE	SHIRT	PAID
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

FOR RELAY USE ONLY:

SIZE TOTALS: S ___ M ___ L ___ XL ___ 2X ___ 3X ___ 4X ___



INDIVIDUAL RULES AND WAIVER

Complete One of These for Each Participant/Alternate/Member



Submit these forms no later than 9am Sept 27th.

**The info can be sent to: PO Box 1346, La Grande, OR 97850- DO NOT MAIL AFTER Sept 24th
Or Call, Patty O'Reily at 963-0285 or Susie at 663-3367**

By signing below, you agree to the following rules:

- 1) All team money must be collected by the team captain on or before September 20, 2008 and mailed to P.O. Box 1346, La Grande or delivered to one of the informational meetings to be scheduled.
- 2) **No Drugs, Alcohol, Tobacco or Violence will be allowed at the site.**
- 3) Each team must consist of 10 walkers/runners and will make a team banner to be judged. Matching attire is optional.
- 4) One member of each team must always be on the track either walking or running.
- 5) Designated team member must carry a baton when on the track and it must be handed to the next runner/walker.
- 6) **Each team member must report to the Scoring Table before and after completing his/her laps.**
- 7) Each team member must wear an assigned number at all times.
- 8) Each team member must wear shoes while on the track.
- 9) Only team members may be on the track.
- 10) Slow runners/walkers must yield inside lane to faster runners/walkers.
- 11) **No pets or animals** are allowed at the site or on the track.
- 12) Each team is responsible for trash generated in their area. **All participants will clean up after the relay.**
- 13) Team provides its own shade awnings, tents, etc. for site.
- 14) Team Captains are responsible for their team members' walking order, participation, and welfare.
- 15) **For every team there must be atleast 2 Adult Members. (Adult=21 years old+)**

WAIVER

I recognize and hereby assume the risks of illness and injury inherent in any exercise program. I am participating in the Drug-Free Relay on the express agreement and understanding that I am waiving and releasing the sponsors, advertisers, agents, organizers, and representatives of the Drug-Free Relay from any and all claims which may accrue to me, my heirs, guardians, administrators, executives or assignees including Attorney's fees and court costs (collectively "Claims") arising out of, or in connection with, participation in the Drug-Free Relay or any illness resulting therefrom. I further authorize the use of any photographs or videos taken of me while participating in the Drug-Free Relay for future promotions at the discretion of the 12-Hour Drug-Free Relay Committee.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Address: _____

Phone: _____

Parent's Signature (for all student team members and underage participants) _____

Team Name: _____
Main Team Sponsor: _____



TEAM ROSTER

TEAM CAPTAIN'S COPY

EACH TEAM MUST HAVE AT LEAST 2 ADULT MEMBERS (21 YEARS +)



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