

OHIO ASSOCIATION 20,000M RACE WALK CHAMPIONSHIP & Other Walk Distances



Sunday, May 23, 2021 8 AM (Gate opens at 7 AM)
Athletes in Action Sports Complex
1197 S. Detroit St. Xenia, Ohio 45385

Judges are properly certified for record applications.

Registration Form (Please print, complete and bring day of race)

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Sex: M ___ F ___
Street City State Zip

Email: _____

USATF # _____ Club Affiliation: _____

USATF Membership Required for Championship Race
and for eligibility to apply for USATF records.

	Using Lanes 1, 2, 3	Using Lanes 6, 7, 8
Event Options:	20,000 m Race Walk _____	10,000 m Power Walk _____
	5,000 m Race Walk _____	5,000 m Power Walk _____
	10,000 m Race Walk _____	20,000 m PW (if <3 hr) _____
	1 Hour distance _____	2 Hour distance _____ (for Race Walkers only.)

~~Water and Sponging Station will be provided.~~ (Sorry, COVID issue.)

Bring your own water, sports drinks, other refreshments.

Entry Fee (payable day of race): \$30 (cash or check only)

I, hereby, for myself, heirs, executors and assigns, waive all claims for damages that may arise to the organizers or sponsors of the Ohio Association USATF and Athletes in Action and their agents or representatives for injuries suffered at this event. I certify that I, or my minor child, is in good health and sufficiently trained to compete. I realize that participants may be subjected to drug testing under USATF rules and those found positive for banned substances or who refuse testing will be disqualified from this meet and banned from future events. (Some over-the-counter medications contain banned substances. For information on testing and banned substances call the USOC hotline: (800) 233-0393.) **I understand that exposure to COVID-19 is another potential risk.**

Signature: _____
(Parent or Guardian for those under 18.)

Age Group: _____
U20 Open (20-29) Masters (30-34, 35-39, etc)

Bib#: _____
Complete at Registration

COVID-19 Screening Questions

Options for completing form: a) Print, complete and bring with you.
b) Go to website to complete on line.
c) Scan QR to complete on line.

Masks Required!
(When not competing)

Email Address: _____

First Name: _____

<https://forms.gle/BmW27yQ1kogr89ht5>

Last Name: _____

Phone: _____

Have you experienced any of these symptoms in the past week?

FEVER	yes	no
DIFFICULTY BREATHING	yes	no
SORE THROAT	yes	no
HEAD ACHE	yes	no
MUSCLE ACHES	yes	no
LOSS OF TASTE OR SMELL	yes	no
CHILLS	yes	no
EXCESSIVE FATIGUE	yes	no
NAUSEA	yes	no
VOMITING	yes	no
DIARRHEA OR ABDOMINAL PAIN	yes	no
NONE OF THESE	yes	



Have you had close contact with anyone who has tested positive or is presumed positive for COVID-19? yes no

Have you been tested (or received test results) for the coronavirus? yes no

Did you have the nasal swab or saliva test (or results of test) for the coronavirus?

Results:	I have the virus	yes	no	Date of 1st test:	_____
	I do not have the virus	yes	no		
	I am waiting for results	yes	no	Date of 2nd test:	_____

Have you had a blood test (or blood test results) for antibodies to the new coronavirus?

Results:	I have had the virus	yes	no	Date of test:	_____
	I have not had the virus	yes	no		
	I am waiting for results	yes	no		

Current temperature (taken by Meet Official): _____