

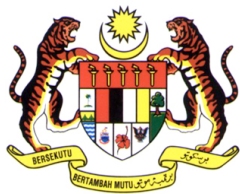
LARIAN HARI BUAH PINGGANG SEDUNIA (WORLD KIDNEY DAY RUN)

20/3/2011

0730 AM

DATARAN MERDEKA

MAIN ORGANISERS



Malaysian Society
of Nephrology



NATIONAL
KIDNEY
FOUNDATION
MALAYSIA

CO-ORGANISERS



CARNIVAL (0800 – 1200 PM)

Screening for kidney disease

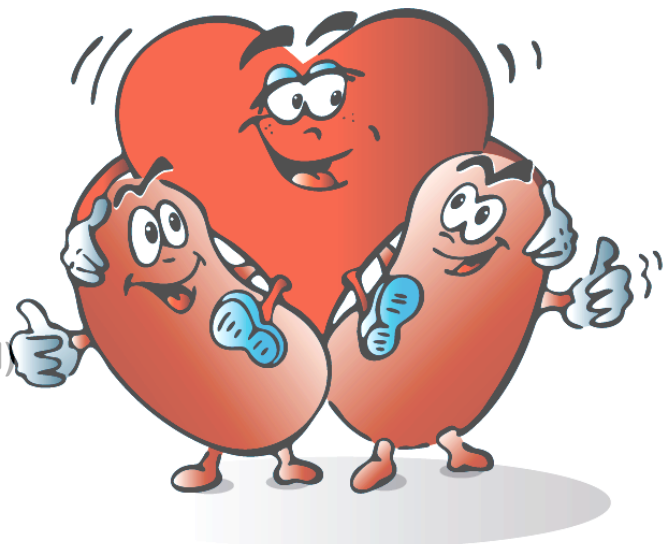
Free healthy breakfast for first 500 screened

Consultations with Nephrologists and

Cardiologists (limited)

Information and exhibition on kidney disease

Prizes, entertainment and lucky draw (limited)



*"Protect your **kidneys**, Save your **heart**"*

CODE	CATEGORIES	AGE GROUP	DISTANCE	REPORTING TIME	STARTING TIME	COLOUR	CASH PRIZE (RM)				
							1st	2 nd	3 rd	4th	5th
A	MEN OPEN	18 yrs & above (Born 1993 and before)	5 KM	7:00 AM	7:30 AM	BLACK HITAM	500	300	200	100	50
B	WOMEN OPEN	18 yrs & above (Born 1993 and before)	5 KM	7:00 AM	7:30 AM	RED MERAH	500	300	200	100	50
C	MEN JUNIOR VETERAN	40-49 yrs (Born 1962-1971)	5 KM	7:00 AM	7:30 AM	GREEN HIJAU	500	300	200	100	50
D	MEN SENIOR VETERAN	50 and above (Born 1961 and before)	5 KM	7:00 AM	7:30 AM	BLUE BIRU	300	200	100	75	50
E	WOMEN VETERAN	40 and above (Born 1971 and before)	5 KM	7:00 AM	7:30 AM	MERAH JAMBU PINK	300	200	100	75	50
F	SEC SCHOOL BOYS	13 yrs – under 17 yrs	5 KM	7:00 AM	7:30 AM	BROWN COKELAT	300	200	100	75	50
G	SEC SCHOOL GIRLS	13yrs – under 17 yrs	5 KM	7:00 AM	7:30 AM	PURPLE UNGU	300	200	100	75	50
H	PATIENT & FAMILY MEMBER	Any	0.8 KM	7:30 AM	7:45 AM	YELLOW/BLACK KUNING / HITAM	ALL PATIENTS RECEIVED A MEDAL				

REGISTRATION CENTRES

1. FTAAA Office, 2ND Floor, Wisma OCM, Jalan Hang Jebat, 50150 Kuala Lumpur, Tel 03-27152843.

Email: sportftaa@hotmail.com, website: www.ftaaa.org.my

Time: 1000am-5:00pm(Monday – Friday), 10:00am – 2:00pm (Saturday)

2. Registration for category H in various hospitals or call 03-40225882 for information (Cik Rashidah) or **0123676972**

ENTRY FEE:

CODE	FEE	CODE	FEE	CODE	FEE
A-E	RM 20	F-G	RM 10	H	FREE (LIMITED)

ENTRIES BY MAIL

Entries together with fees attached MO,PO, Cheque (crossed) and payable to “Malaysian Society of Nephrology” are to be forwarded to Competition Committee:

Chairman Larian World Kidney Day, c/o FTAAA Office, 2nd Floor, Wisma OCM, Jalan Hang Jebat, 50150 Kuala Lumpur

PRIZES IN KIND

Prizes in kind and medals will be awarded to the first five (5) from each category.

INCOMPLETE POSTAL ENTRIES

1. Incomplete entries, not accompanied with fees, will be rejected
2. No refund made for wrongful and multiple entries
3. Proof of posting will not be accepted as of proof of entry. However, for the purpose of entry, competitors are advised to bring along their PO/MO as proof slips as proof
4. T-shirt/Number (bib) collection: Date: 18 & 19 Mac 2010, venue: FTAAA, 2nd Floor, Wisma OCM, Jalan Hang Jebat, 50150 KL

CLOSING DATE:

10hb MAC 2011

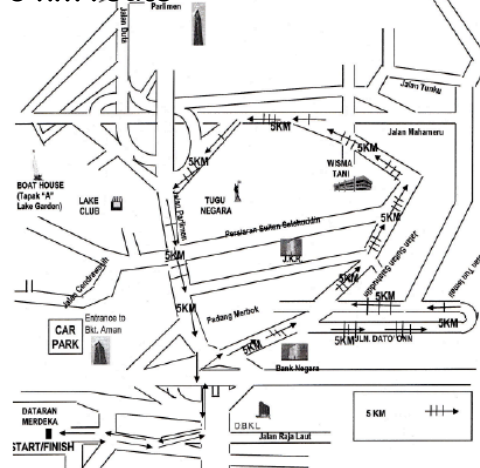
or 2,000 participants (limited to 200 for category H)

FINISHER MEDAL

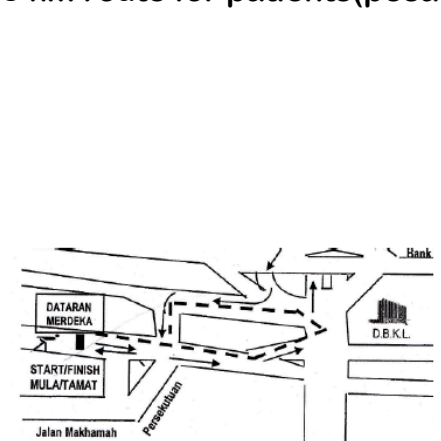
Will be awarded as follows:

CODE	POSITION	CERTIFICATE
A	6 th to 50 th	ALL FINISHERS WILL RECEIVE CERTIFICATE
B	6 th to 50 th	
C	6 th to 50 th	
D	6 th to 50 th	
E	6 th to 50 th	
F	6 th to 30 th	
G	6 th to 30 th	
H	Finishers (only the patients)	

5 km route



0.8 km route for patients(pesakit)



LARIAN "WORLD KIDNEY DAY"

CLOSING DATE
10TH MARCH 2011
OR ONCE REACH
2000 PARTICIPANTS

ENTRY FORM

FOR OFFICIAL USE

RULES

The competition shall be held under MAAU rules of Larian World Kidney Day

CATEGORY PARTICIPATION

I wish to participate in the following event (please tick {/} in the appropriate box)

Money order / Postal Order and Banker's Cheque (crossed) payable to "Malaysian Society of Nephrology"
(age as on 31/12/2011 - umur akan dikira mengikut tahun pertandingan 31/12/2011)

CODE	CATEGORIES	AGE GROUP	DISTANCE	FEES	TICK HERE
A	MEN OPEN	18 yrs & above (Born 1993 and before)	5 KM	RM 20	
B	WOMEN OPEN	18 yrs & above (Born 1993 and before)	5 KM	RM 20	
C	MEN JUNIOR VETERAN	40-49 yrs (Born 1962-1971)	5 KM	RM 20	
D	MEN SENIOR VETERAN	50 and above (Born 1961 and before)	5 KM	RM 20	
E	WOMEN VETERAN	40 and above (Born 1971 and before)	5 KM	RM 20	
F	SEC SCHOOL BOYS	13 yrs - under 17 yrs	5 KM	RM 10	
G	SEC SCHOOL GIRLS	13 yrs - under 17 yrs	5 KM	RM 10	
H	PATIENTS (PESAKIT) & FAMILY MEMBER	Any	0.8 KM	FREE	

CATEGORY (KATEGORI) A-E, H

NAME(NAMA): _____ PHONE(TELEFON) NO: _____ E-MAIL: _____

ADDRESS (ALAMAT): _____

CITIZEN (WARGANEGARA): MALAYSIA ONLY

I/C NO: _____

D.O.B.(TARIKH LAHIR): ____ / ____ / ____ AGE(UMUR): ____

GENDER(JANTINA): MALE / FEMALE

ADDITIONAL INFORMATION (TAMBAHAN KATEGORI H)

PATIENT DETAILS TO BE FILLED ABOVE: DIALYSIS PATIENTS ARE NOT ALLOWED TO JOIN
(BUTIRAN PESAKIT DI ISI DI ATAS: PESAKIT DIALISIS TIDAK DIBENARKAN MENYERTAI LARIAN)

TREATMENT IN (RAWATAN DI) HOSPITAL: _____ (nyatakan hospital di mana menerima rawatan)

ACCOMPANYING FAMILY MEMBER (NAMA AHLI KELUARGA YANG MENYERTAI): _____

IC NO: _____ D.O.B (TARIKH LAHIR): ____ / ____ / ____ AGE(UMUR): ____ GENDER(JANTINA): MALE / FEMALE

WAIVER CLAUSE

This is to certify that I, _____, I/C/Passport no _____, have read and understood the rules and regulations pertaining to my participation in the Larian World kidney Day. In consideration of the acceptance of my entry, I for my heirs, executors and administrators, release and forever discharge the FTAA & all organizers, the partners, sponsors, their appointed staff and officials of all liabilities, claims, actions, damages, costs or expanses, which I have against them arising out of any way connected with my participation in this event, including travel to, and from for this event and including injuries that may be suffered by me before, during and after the event.

I understand that this indemnity includes any claims based on negligence, action or inaction of any of the above parties.

I recognize the difficulties of the event and attest that I am sufficiently physically fit to compete safely in Larian World Kidney Day and I have not been advised otherwise by a qualified medical professional.

Signature of participant:.....

Category H: accompanying family.....

AUTHORISATION BY PARENTS/GUARDIAN OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, _____ parent/guardian above named authorizes his/her participation in Larian World Kidney Day

Signature: _____ Date: _____ IC No: _____

In the event of a catastrophic or natural disaster resulting in postponement of the above event, organizers shall not be held responsible for any claims what so ever (in any form) made by any individuals or parties concerned.

