

# 2025 REGISTRATION FORM

To March or Crew for Kidney March – September 2025

## [ 1 ] GENERAL INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUIT/ APT# \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(You must be at least 16 to participate)

### EMAIL

The email address you have provided to us will be used to process your Kidney March registration. We may use your contact information to keep you informed of other activities, events and/or fundraising opportunities in support of The Foundation.

If you do not want to receive ongoing communication from The Foundation, kindly email us at [kidneymarch@kidney.ca](mailto:kidneymarch@kidney.ca) or call us at 1.866.956.2724.

KIDNEY MARCH TEAM (If applicable) \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

Gender (optional):  Female  Male  Non -Binary  Prefer not to say

**T-SHIRT SIZE:**  MENS  WOMENS

SMALL  MEDIUM  LARGE  XL  2 XL  3 XL  4XL

### SPECIAL MEAL REQUIRMENTS:

RENAL DIET  VEGAN  VEGETARIAN  GLUTEN FREE  NONE

Please list any food allergies we should be aware of: \_\_\_\_\_

## [ 2 ] I'M REGISTERING AS A MARCHER

This is an agreement. I understand it is my responsibility to raise at least \$2,200 in pledges, due to the Kidney March office on or before September 6, 2025, to participate in Kidney March. I understand that all pledges processed are non-refundable, even if I do not participate in Kidney March. I certify that I will be 16 years of age at the time of Kidney March. I have read, understand, and agree to the above.

MARCHER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MARCHER REGISTRATION FEE

To register for Kidney March, **please submit a \$75 non-refundable registration fee with this Registration Form.**

This fee does NOT apply toward your required pledge commitment. Please do not mail cash.

**TOTAL INCLUDED:**  \$75 (Registration Fee)

### METHOD OF PAYMENT:

Cheque, please make payable to: The Kidney Foundation of Canada

Cash

Credit Card:  VISA  MasterCard  American Express

CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ CVV NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME ON THE CREDIT CARD \_\_\_\_\_

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## [ 3 ] I'M REGISTERING AS A CREW MEMBER

Kidney March Crew members are encouraged to raise a minimum of \$300. If you have any special skills you can bring to Kidney March, please let us know. Our Kidney March team will try to incorporate it into the event planning. Please note, Crew teams are filled on a first-come basis, so availability is limited. I certify that I will be at least 16 years of age at the time of Kidney March. I have read, understand and agree to the above.

CREW SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### CREW REGISTRATION FEE

To register for Kidney March, **please submit \$75 non-refundable registration fee with this Registration Form.** Please do not mail cash.

TOTAL INCLUDED:  \$75 (Registration Fee)

### METHOD OF PAYMENT:

- Cheque, please make payable to: The Kidney Foundation of Canada  
 Cash  
 Credit Card:       VISA       MasterCard       American Express

CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_

CVV NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME ON THE CREDIT CARD \_\_\_\_\_

## [ 4 ] QUESTIONNAIRE

### HOW DID YOU HEAR ABOUT THE EVENT?

- FRIEND / FAMILY     HOSPITAL     DIALYSIS CLINIC     RETURNING PARTICIPANT     THE KIDNEY FOUNDATION  
 POSTER     TELEVISION     RADIO     NEWSPAPER AD     BILLBOARD     NEWS STORY     GOOGLE SEARCH  
 AT ANOTHER KIDNEY EVENT     FACEBOOK     INSTAGRAM     X (TWITTER)     YOUTUBE     TIKTOK  
 OTHER (specify) \_\_\_\_\_

### WHAT IS YOUR CONNECTION TO KIDNEY DISEASE?

- I LIVE WITH KIDNEY DISEASE     I AM A KIDNEY TRANSPLANT RECIPIENT     I DONATED A KIDNEY  
 I AM A CAREGIVER TO SOMEONE LIVING WITH KIDNEY DISEASE     A FAMILY MEMBER LIVES WITH KIDNEY DISEASE  
 A FRIEND LIVES WITH KIDNEY DISEASE     A CO-WORKER LIVES WITH KIDNEY DISEASE     I HAVE NO CONNECTION  
 I AM A RENAL OR HEALTH CARE PROFESSIONAL     I PREFER NOT TO SAY     OTHER

### WILL YOU BE ON DIALYSIS DURING KIDNEY MARCH?

- YES     NO

### ANY DIETARY RESTRICTIONS?

- YES     NO (If yes, list below or contact us)

## WHERE TO SEND YOUR REGISTRATION

PLEASE SEND:

1. Completed Registration Form
2. Completed Waiver
3. Registration fee

TO:



### THE KIDNEY FOUNDATION, SOUTHERN ALBERTA BRANCH

6007 1A St SW  
Calgary, AB T2H 0G5

IMPORTANT NOTE: Kidney March is committed to ensuring that the maximum percentage of donor dollars is returned to non-profit programs. We cannot predict, however, what the percentage will be. This depends on many variables, including how many Marchers participate, how much money they raise, recruiting, logistics and event expense.

## CONGRATULATIONS AND WELCOME TO KIDNEY MARCH!