## **San Diego Race for Autism 2012**

5K Run/Walk and 1-Mile Family Walk March 24, 2012 Balboa Park

# 

## Please use ONE form per person



First Name			Last Name			
Address (Street) /Apt. #						
City State Zip Code						
(Area Code) Phone Number - Daytime Gender Age Date of Birth (MM-DD-YYYY)						
(On Malch 24, 2012)						
Email Address (Please make sure it is readable and correct – it will be used to send you race details/instructions)						
Shirt Size	Select One:	<u>I am an/a:</u>		Registration (See Table)		
☐ Youth (Medium)	☐ 5K Run-Chip Timed (\$2 extra)	☐ Individual	with Autism/ASD	Adult \$		
□ S-Adult	□ 5K Fun Run/ Walk	☐ Parent of i	ndividual with 5D	Youth \$		
☐ M -Adult	☐ 1-Mile Walk	Relative of Autism/AS	f individual with SD	Child \$		
□ L- Adult		☐ Friend of i	ndividual with SD	XXL Shirt \$ 2.00 \$		
□ XL – Adult		☐ Profession Autism	al in the field of	Chip Timing \$ 2.00 \$		
XXL- Adult (\$2 Extra)		☐ Other:		Additional Donation \$		
Make Checks paya	ble to: National Founda	esearch	h Total			
RACE RELEASE (MUST BE SIGNED BY PARTICIPANT OR APPLICATION WILL BE REJECTED): I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I herby assume full and complete responsibility for any injury or accident which may occur during my participation in this event and I hereby release and hold harmless and covenant not to file suit against the National Foundation for Autism Research and any affiliated individuals, the San Diego Race for Autism and any affiliated individuals, the City of San Diego and all governmental agencies whose property and/or personnel are used, and all other persons or entities associated with this event (the "Releasees") from any loss, liability, damage, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others. I give my full permission to the National Foundation for Autism Research to use any photographs, videotapes, or other recordings of me that are made during the course of this event. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.						
Signature of	f Participant or Guardia	n		Today's Date		
For Team Participation (if applicable)  I want to learn more ab						
Team Name			Organizing a Team			
Team Captain			☐ Volunteer	Volunteering for the Race		
Organization			■ Becoming a Corporate Sponsor			
National Foundation for Autism Research			(858) 679-8800			

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#### **Registration Form** (All registrants must complete)

### Please use ONE form per person



#### **Instructions**

Each individual needs to fill out and sign a registration form.

Families – Please fill out a form for each person participating in the San Diego Race for Autism event. You can send in one check for the whole family.

If you want to pay by credit card, please use our on-line registration at

### www. Race for Autism. org.

It is easy and secure and allows you to have your own fundraising webpage.

Please note the fee schedule below.

FEE SCHEDULE	ADULTS ( 18+ yrs old)	YOUTH (13-17 yrs old)	CHILDREN (under 12 yrs old)
Jan 1 - Jan 30, 2012	\$25.00	\$20.00	\$15.00
Feb 1 - Feb 29, 2012	\$30.00	\$20.00	\$15.00
Mar 1 - Mar 18, 2012	\$35.00	\$25.00	\$20.00
Race Day	\$40.00	\$30.00	\$20.00
Chip Timing	\$2.00 Extra (pre-reg)		

<sup>\*</sup> Infants ages 3 years & under are not required to register and pay race fees. However, they will NOT receive a bib, kid's race medal or t-shirt.

All advanced registration (post marked before March 18) participants will receive an official event T-shirt.

T-Shirt availability may be limited for LATE/Race Day registrations.

#### **REGISTER EARLY TO SAVE!**

#### Mail completed registration forms and payment to:

National Foundation for Autism Research PO BOX 502177 San Diego, CA 92150-2177