

San Diego Race for Autism 2013

5K Run/Walk and 1-Mile Family Walk

March 30, 2013 Balboa Park



Registration Form (All registrants must complete)

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)			
		M F	(on March 30, 2013)				

Email Address (Please make sure it is readable and correct – it will be used to send you race details/instructions)

Shirt Size	Select One:	I am an/a:	Registration (See Table)	
<input type="checkbox"/> Youth	<input type="checkbox"/> 5K Run-Chip Timed (\$2 extra)	<input type="checkbox"/> Individual with Autism/ASD	Adult	\$
<input type="checkbox"/> S-Adult	<input type="checkbox"/> 5K Fun Run/ Walk	<input type="checkbox"/> Parent of individual with Autism/ASD	Youth	\$
<input type="checkbox"/> M -Adult	<input type="checkbox"/> 1-Mile Walk	<input type="checkbox"/> Relative of individual with Autism/ASD	Child	\$
<input type="checkbox"/> L- Adult		<input type="checkbox"/> Friend of individual with Autism/ASD	XXL Shirt \$ 2.00	\$
<input type="checkbox"/> XL – Adult		<input type="checkbox"/> Professional in the field of Autism	Chip Timing \$ 2.00	\$
<input type="checkbox"/> XXL- Adult (\$2 Extra)		<input type="checkbox"/> Other :	Additional Donation	\$
Make Checks payable to : National Foundation for Autism Research			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 hereby 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 Participant or Guardian	_____ Today's Date
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For Team Participation (if applicable) Team Name _____ Team Captain _____ Organization _____	I want to learn more about. ... <input type="checkbox"/> Organizing a Team <input type="checkbox"/> Volunteering for the Race <input type="checkbox"/> Becoming a Corporate Sponsor
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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.RaceforAutism.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)
Before - Mar 20, 2012	\$35.00	\$30.00	\$20.00
After Mar 20 & on Race Day	\$40.00	\$30.00	\$20.00
Chip Timing	\$2.00 Extra (pre-reg)		

* 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 20) 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