



April 14, 2018

1 Mile Autism Awareness Walk

St. Louis Catholic High School Gymnasium

On-Site registration from 7:00-7:45 a.m. Walk begins at 8:00 a.m.

Any questions, please contact: [aoquain@stnickcenter.org](mailto:aoquain@stnickcenter.org) or [swautismchapter@gmail.com](mailto:swautismchapter@gmail.com)



Please fill out separate registration forms for each participant

Handicapped Parking Info: The school entrance faces Bank Street. Unload wheelchairs in the front of the school, under the covered area, and park in the adjacent parking lot. There are limited number of handicapped parking spaces to the right of the front door, as well.

REGISTRATION FORM:

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

- Registration options and fees: Free Admission, Pre-registration-\$25, Registration after 3/22/2018-\$25, Day of Registration 4/14/2018-\$30

Please make checks payable to: St. Nicholas Center for Children
Mail to: St. Nicholas Center for Children Attn: Ada O'Quain 2519 Ryan St. Lake Charles, LA 70601
Credit card payments are accepted please contact: St. Nicholas Center for Children (337) 491-0800

Optional: I would like to make a donation to
Joining Hands for Autism of \$ \_\_\_\_\_

Total Payment\$ \_\_\_\_\_

T-shirt Size:

My teams name is:

please check the box next to your size
t-shirts ONLY available to participants registered by
3/22/2018

Your team captains will pick up all team shirts on event day

Youth Sizes:

Adult Sizes:

Awards will be given to:

- Youth and Adult size selection checkboxes: YM, YL, S, M, L, XL, XXL, XXXL, XXXXL

- Awards criteria: Largest Team, Team with the most donations above registration, Team with the best t-shirt design

You must enter your shirts to the judges table by 8 A.M.

Waiver: I should not enter the walk unless I am medically able and properly trained. I agree to abide by any decision of a walk official relative to my ability to safely complete the walk. I assume all risks associated with walking in this event, including but not limited to falls, contact with other participants, and the effects of weather including extreme temperatures and/or humidity and road conditions. All such risks are known and appreciated by me. Having read the above, I and anyone entitles to act on my behalf, do waive and release Autism Services of SWLA, St. Nicholas Center for Children, and SWLA Autism Chapter, as well as their representatives, sponsors, and successors from all claims of liabilities of any kind arising out of my carelessness or on the part of the persons named in the waiver.

Signature: (Parent if under 18) \_\_\_\_\_ Date: \_\_\_\_\_