### WHAT IS CONGENITAL ADRENAL HYPERPLASIA (CAH)?

Congenital Adrenal Hyperplasia (CAH) is a family of inherited disorders affecting the adrenal gland. Over 90% of those diagnosed with CAH are affected by 21hydroxylase deficiency. Inherited in severe, moderate and mild forms, the major types of CAH are:

Classical CAH – The severe form of CAH or Classical CAH can result in life-threatening imbalances in salt and hormone levels. If undetected at birth, Classical CAH can lead to adrenal crisis and death. Frequently, newborn babies show no outward signs of the disorder and are sent home only to present a few weeks later for urgent medical attention at a time when they are beyond resuscitation. Classical CAH also is the most common cause of urogenital birth defects in affected females.

Non-Classical CAH – The mild form of CAH may cause symptoms at anytime from infancy through adulthood. While each individual presents differently, common symptoms include: premature development of body hair, body odor, rapid growth spurt, but ultimately short stature as adult, early puberty, severe acne, anxiety, depression, mood swings, migraines and infertility.

For more information, visit our website: www.caresfoundation.org or call our office: (908) 364-0272.



### HORN POND CONSERVATION AREA

# Woburn, Massachusetts

Registration: 9:00 AM Walk/Run begins: 10:00 AM



2414 Morris Avenue, Suite 110 Union, NJ 07083 Phone (908) 364-0272 Toll Free (866) 227-3737

## How to Help

Start A Team: Start your very own Fund Raising Team, give it a catchy name and invite family, friends and colleagues to join you! To start your team, visit <a href="www.lamCAHMAwalk2017">www.lamCAHMAwalk2017</a> Any registered team member raising over \$25 (by Oct 11) will receive a t-shirt.

Walk as an Individual: Visit <a href="https://www.lamCAHMAwalk2017">www.lamCAHMAwalk2017</a> to register for the walk. Any registered participant raising over \$25 (by Oct 11) will receive a t-shirt at the walk.

**Become a Sponsor:** We have many sponsorship opportunities for local businesses. Please contact Dina Matos at <a href="mailto:dina@caresfoundation.org">dina@caresfoundation.org</a> or (908)364-0272 for more information.

Spread Awareness: Ask others in your community to support the event and spread the word on their social media. This is a wonderful opportunity for your community to support CARES Foundation.

All funds raised benefit CARES Foundation. CARES Foundation, Inc. is a 501(c)(3) non-profit organization committed to improving the lives of families and patients affected by Congenital Adrenal Hyperplasia (CAH).

### **CONTRIBUTIONS:**

We encourage you to register online but if you want to collect checks or cash, stay organized by recording all donations received on this log.

| Your Name: |  |  |
|------------|--|--|
| Team Name: |  |  |
| My Goal:   |  |  |

| Name | Check# | Amount |
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Total:

Note: Many companies offer Matching Gift Programs which could double a contribution amount!

Donations can be made online or mailed to:

CARES Foundation 2414 Morris Avenue, Suite 110 Union, NJ 07083

#### **REGISTRATION FORM:**

Registration form can also be completed online at www.lamCAHMAwalk2017

| First Name:                                   |  |  |
|---|--|--|
| Last Name:                                    |  |  |
| Last Name.                                    |  |  |
| Address:                                      |  |  |
|   |  |  |
|   |  |  |
| Phone #:                                      |  |  |
| Email:  |  |  |
| Adult t-shirt size:                           |  |  |
| Registration fee of \$25 includes a CARES     |  |  |
| Foundation I am CAH Walk/Run T-Shirt.         |  |  |
| (Register by Oct. 11 to guarantee a t-shirt.) |  |  |

Would you like to become a member of CARES Foundation? (Y) (N) (Already a member)

#### Assumption of Risk, Release, and Permission

The I am CAH Walk/Run involves walking/running – an activity which may include risks. I hereby assume all risks and relieve CARES Foundation of any liability associated with this event. I grant full permission to CARES Foundation to use, reuse, publish, and republish my image as a participant in the event in photographs, video or other recordings. I have read, understand, and agree to the terms of this agreement.

If participant is a minor, the parent or guardian must sign and agree to the above terms.

| Signature |  |
|-----------|--|
|           |  |

Date \_\_\_\_\_