

WHAT IS CONGENITAL ADRENAL HYPERPLASIA?

Congenital Adrenal Hyperplasia (CAH) is a family of inherited disorders affecting the adrenal gland. Over 90% of those diagnosed with CAH are affected by 21-hydroxylase 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.

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 fertility.

CONTRIBUTIONS

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

Name: _____

Team Name: _____

My Goal: \$ _____

Full Name	Check #	\$ Amount
-----		Total:

Note: Many companies offer Matching Gift Programs which could double the impact of your contribution!

Donations can be made online or mailed to:
CARES Foundation
 2414 Morris Avenue, Suite 110
 Union, NJ 07083

THANK YOU FOR YOUR SUPPORT!



Saturday, May 3, 2025

2nd Annual Iowa CAH Awareness 5K

Check-in: 9:00AM
Race Starts: 10:00AM



Des Moines Water Works
 2251 George Flagg Pkwy
 Des Moines, Iowa 50321
 (Meet at: Lauridsen Amphitheater)

SCAN TO REGISTER



#VIVISTRONG

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

HOW TO HELP

Start a Fundraising Team!

Also referred to as Peer-to-Peer fundraising; A participant who raises funds for CARES for this event via an online page that is simple to create.

If you plan to participate with other family members and friends, then you can create a 5K TEAM page for others to join and/or support. Teams will consist of other individual fundraisers, (their pages/names will be displayed on TEAM page) and/or other members of a family (family page will be displayed).

To join a TEAM, you must create a fundraising page. If you want children (all ages) to be included without having their own fundraising page, we suggest you create a page for a family. For example, instead of setting up your page as "Sarah Jones", set it up as "The Jones Family".

WE CAN HELP YOU SET UP FUNDRAISING AND TEAM PAGES! Send us an email, contact@caresfoundation.org.

Register to attend!

Cost is \$30/adult and \$15/child (age 5-17*). Children of every age are welcome, but only registered children will receive a 5K t-shirt.

To reserve a 5k t-shirt, you MUST BE REGISTERED by 3:00PM (ET), APRIL 14th. Register up to twenty people per transaction. To register online, [visit https://caresfoundation.org/iowa-cah-awareness-5k/](https://caresfoundation.org/iowa-cah-awareness-5k/).

Become a Sponsor!

We have many sponsorship opportunities available. Please contact Dina Matos at dina@caresfoundation.org or reach us at the office by calling (908) 364-0272 for more information.

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Spread Awareness!

Spread the word about this event on your social media and ask others in your community to do the same. This is a wonderful opportunity for your community to support CARES Foundation. All funds raised benefit CARES Foundation, Inc., a 501(c)(3) non-profit organization committed to improving the lives of families and patients affected by Congenital Adrenal Hyperplasia (CAH).

REGISTRATION

Registration Fee of \$30/Adults & \$15/Kids,(ages 5-17) includes a CARES Foundation CAH Awareness 5K T-Shirt.
(Register by Monday, April 14, at 12:00PM(ET) to reserve your 5k T-Shirt!)

Attendee 1

First Name: _____ Last Name: _____
Full Street Address: _____
City: _____ State: _____ Zip: _____
Mobile Phone: _____
Email Address: _____
Age: _____ T-Shirt Size: _____
(Youth S, M, Lg, XL & Adult S, M, L, XL, XXL)

"I am attending as a..." (check all that apply)

Patient Parent Grandparent Relative Friend Other

Attendee 2

First Name: _____ Last Name: _____
Full Street Address: _____
City: _____ State: _____ Zip: _____
Mobile Phone: _____
Email Address: _____
Age: _____ T-Shirt Size: _____
(Youth S, M, Lg, XL & Adult S, M, L, XL, XXL)

"I am attending as a..." (check all that apply)

Patient Parent Grandparent Relative Friend Other

Attendee 3

First Name: _____ Last Name: _____
Full Street Address: _____
City: _____ State: _____ Zip: _____
Mobile Phone: _____
Email Address: _____
Age: _____ T-Shirt Size: _____
(Youth S, M, Lg, XL & Adult S, M, L, XL, XXL)

"I am attending as a..." (check all that apply)

Patient Parent Grandparent Relative Friend Other

Please make checks payable to CARES Foundation, Inc.

Please bill my credit card. We accept Visa, MasterCard Discover, and American Express.

CC # _____

Expiration date ____/____/____ CVV _____

Signature _____

Would you like to join CARES? YES / NO

ALREADY A MEMBER? YES / NO

If you are registering more than three people with this form, please use the back table to record names, t-shirt sizes and CAH status.

They may also register by visiting www.caresfoundation.org, or by scanning the QR code on the front of this brochure.

PLEASE READ AND SIGN: Assumption of Risk, Release, and Permission

The CAH Awareness 5K 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 & the images of all participants included on this registration form for this event in photographs, video, or other recordings. I have read, understand, and agree to the terms of this agreement.

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

Signature

Date