

# 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: \_\_\_\_\_

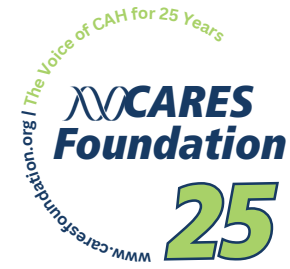
My Goal: \$ \_\_\_\_\_

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 31, 2025

# Annual Pennsylvania CAH Awareness Walk

**Check-in: 9:00AM**

**Race Starts: 10:00AM**



**Zelienople Community Park**  
 402 E Beaver Street  
 Zelienople, PA 16063  
 (Meet at: Mussig Shelter)

**SCAN TO REGISTER**



For more information, visit our website:  
[www.caresfoundation.org](http://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 Walk 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](mailto: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 walk t-shirt.

To reserve a walk t-shirt, you MUST BE REGISTERED by MAY 5, 2025. Register up to twenty people per transaction. To register online, <https://caresfoundation.org/annual-pennsylvania-cah-awareness-walk/>.

## Become a Sponsor!

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

## 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 Walk T-Shirt.**

**(Register by May 5, 2025, to reserve your Walk 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](http://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 Walk 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