

REGISTRATION FORM



17th ANNUAL Dr. JAMES R. CLARK MEMORIAL SICKLE CELL WALK

Please note location change below:

**Martin Luther King Jr. Park
2300 Greene Street
Saturday, September 30, 2023**

The undersigned Participant makes this application to participate in the James R. Clark Memorial Sickle Cell Foundation Walk with the expressed understanding that the James R. Clark Memorial Sickle Cell Foundation is not responsible for any sickness or injury that the Participant may receive while in attendance or participating in this event. The James R. Clark Memorial Sickle Cell Foundation reserves the right to reject any and all applicants. Applicant agrees to hold the James R. Clark Memorial Sickle Cell Foundation, its employees and sponsors harmless against all damages due to sickness or injury occurring while in attendance at this event. The Participant affirms that he/she is physically able to participate in the event and that he/she does not suffer from any condition which would make such participation dangerous to the participant or to others and understands that some pictures may appear on public media.

Signatures are required for participation in the Walk to indicate agreement with all terms of the above waiver. This form can be used for individual or multiple registrations. This form can be photocopied. Please make checks payable to: The James R. Clark Memorial Sickle Cell Foundation and designate money for the Scholarship Fund or register online @ www.jamesrclarksicklecell.org or strictlyrunning.com.

Adults \$25.00 youth-age 18 \$15.00.

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State/Zip Code _____

State/Zip Code _____

Email _____

Email _____

Phone _____

Phone _____

T-shirt Size

T-shirt Size

YS_YM_YL_S_M_L_XL_XXL_3X_4X_

YS_YM_YL_S_M_L_XL_XXL_3X_4X_

Signature

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State/Zip Code _____

State/Zip Code _____

Email _____

Email _____

Phone _____

Phone _____

T-shirt Size

T-shirt Size

YS_YM_YL_S_M_L_XL_XXL_3X_4X_

YS_YM_YL_S_M_L_XL_XXL_3X_4X_

T-Shirt totals: YL _____ S _____ M _____ L _____ XL _____ XXL _____ 3X _____ 4X _____ Deduct \$5.00 per adult shirt if postmarked by the 31st. Register online for discount thru Sept 25th.

Total\$ _____