

## Sickle Cell Disease Association of America (SCDAA) of Southern CT, Inc.

The SCDAA of Southern CT was founded in 1985. We have recently expanded our service area by the addition of an office in New Haven. We are a non-profit 501(C)3 organization that is committed to patients and their families living with sickle cell disease in CT. Our **primary goals** are prevention, education and optimizing the quality of life for individuals and families affected by sickle cell disorders

The **mission** of the organization is to provide education, screening, counseling and support services to persons with sickle cell disease and trait.

### What is Sickle Cell Disease?

- Sickle Cell Disease is an inherited blood disorder.
- Approximately 100,000 Americans have sickle cell disease and more than 2.5 million Americans have sickle cell trait, meaning they carry one copy of the gene for the disease.
- Normal blood cells are smooth and doughnut-shaped, and move easily through blood vessels.
- In the bodies of people with sickle cell disease, the cells become curved or “sickle” shape, hard, and sticky blocking blood flow and causing damage to organs resulting in disability and premature death.

**PAIN** is the most common symptom and the reason people often seek emergency medical treatment.

## Title Sponsors



**SCDAA of Southern CT**  
**19<sup>th</sup> Annual Walkathon**  
**September 11, 2010**  
(Rain or Shine)

***“Building Bridges for Change”***

**Fun ①① Prizes ①① Music**

### ***5K Walk or 10K Run***

**Start:** East Rock Park  
(College Woods)  
41 Cold Spring Street  
New Haven, CT

**Finish:** East Rock Park

**8:00 AM** Registration

**8:30 AM** Dance Warm Up

**9:00 AM** Kick-Off



545 Whalley Avenue, New Haven, CT, 06511  
752 East Main Street, Room 190  
Bridgeport, CT 06608

Tel: (203) 909-6737 ▼ Fax: (203) 368-9071  
E-Mail: [scdaasouthernct@sbcglobal.net](mailto:scdaasouthernct@sbcglobal.net)

Please make checks payable to: SCDA of Southern CT

Sponsor Name	Sponsor Address	Pledge Amount	Cash	Check
<b>Total Donations:</b>		\$		

**SCDAA of Southern CT 19<sup>th</sup> Annual Walkathon  
Registration Form & Waiver**

**ADVANCED REGISTRATION IS PREFERRED**

**ALL TEAMS MUST REGISTER IN ADVANCE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Team Name (if applicable)

\_\_\_\_\_  
Team Captain

**Pre-Registration Entry Fee: \$15.00  
Registration Day of Event Fee: \$20.00**

**If pledge dollars from sponsors total \$50.00 or more, the registration fee will be waived.**

***Waiver:** I HEREBY WAIVE ALL CLAIMS AGAINST THE SCDA of Southern CT and sponsors for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotes from me in legitimate accounts and promotions of this event. I understand that funds raised from this event will be used for continued education, and services for those individuals affected with Sickle Cell Anemia.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian (If under 18)

**Please check box if your company has a matching gift program:**