

24th Annual Walk for Dyslexia Awareness

Sunday, October 4, 2026

Registration Form

- ☐ I plan to participate in the WALK. Enclosed is my registration fee of \$15 (ages 12 and older), \$5 (children under 12), and \$25 (family of 2 or more).
- Please make the check payable to **CDC of CT**
 - Mail your registration form to: Children's Dyslexia Center of Connecticut, ATTN: 2025 Dyslexia Walk, 529 Highland Avenue, Waterbury, CT 06708 -3402.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact and Phone: _____

Participant Liability Agreement:

Please enter me in the "Walk to Help Children with Dyslexia". I, on behalf of myself, my heirs, executors, and administrators, hereby release Children's Dyslexia Centers, Inc. from any claims, damages, and rights of action I may have, present or future, that may arise out of or be incident to my participation in the Walk event. In addition, I grant permission to use my name and/or picture in any photograph, film, or videotape of the event for any purpose.

Signature (parent or guardian if under 18 years of age) _____

This agreement must be signed for registration to be valid

Sponsors (please print):

Name: _____ Phone: _____ Amt: \$ _____

Name: _____ Phone: _____ Amt: \$ _____

Name: _____ Phone: _____ Amt: \$ _____

Name: _____ Phone: _____ Amt: \$ _____

Name: _____ Phone: _____ Amt: \$ _____

Name: _____ Phone: _____ Amt: \$ _____

Name: _____ Phone: _____ Amt: \$ _____