

# Children's Therapy Clinic 2025 "Light the Way" 5K Walk/Run

Coonskin Park (Columbia Shelter) Charleston -- Friday, November 21st at 6pm

Check in and Race Day Registration will begin at 4:30 pm

*Be Merry & Bright – Walk or Run through the Lights!*

Get the 1<sup>st</sup> look at the Lights at Coonskin Park before they open to the public.

We'll have hot chocolate, caroling, and contests, too!

Contests Include: Ugliest Sweater, Best Costume, and Most Creative Team Theme



## Registration Form

Name \_\_\_\_\_  
(Please print)

Gender:      Male      Female      Age on day of race \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact (**cannot be another participant**) \_\_\_\_\_  
(REQUIRED) (Name and relation)

Emergency Contact Phone (REQUIRED) \_\_\_\_\_

**I am registering for (Circle one):      5K walk      5K run**

**Please carefully read the following Waiver & Release of Liability Statement, then sign.**

**Minors under the age of 18 MUST have signature of their legal guardian to participate in this event.**

In return for permission by the Children's Therapy Clinic to participate in the 5K walk or run, I release the Children's Therapy Clinic, Inc. it's members, volunteers, sponsor, donors, and any other participant from any claim for injury or loss that occurs to me, my child, or anyone else on whose behalf I am representing by my signature. In addition, I attest and verify that I am or the participant for whom I am signing is physically fit and have/has sufficiently trained for this event. I give permission to CTC to use any photo, video footage, etc that is taken during this event for use in future promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

T-shirt size: (**circle one**)    YOUTH Small(6-8)    YOUTH Medium(10-12)    YOUTH Large(14-16)

**ADULT SIZES**    Small      Medium      Large      XL      XXL      3X

**T-shirts guaranteed if registration RECEIVED BY November 7<sup>th</sup>.**

**Fee for 5K Walk/Run: \$30.00 if postmarked by October 31st; \$35.00 thereafter.**

**Mail fee & entry form to:** Children's Therapy Clinic  
113 Lakeview Dr.  
Charleston, WV 25313

**For more information, please call**  
304-342-9515 or email  
valicia@childrenstherapyclinic.com

\_\_\_\_ I would like to add a donation of \$ \_\_\_\_\_ to my registration fee.

\_\_\_\_ I cannot participate in the event but would like to make a donation of \$ \_\_\_\_\_

***(All proceeds from the event and donations will be used for therapy services for children with special needs with insufficient insurance and/or income.)***