

# A Walk to Remember



*Alzheimer's is a brain disease that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. Dementia is a loss of brain function that occurs with certain diseases. Alzheimer's disease (AD), is one form of dementia that gradually gets worse over time. It affects memory, thinking, and behavior. Memory impairment, as well as problems with language, decision-making ability, judgment, and personality, are necessary features for the diagnosis. Alzheimer's worsens over time. Alzheimer's is a progressive disease, where symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to*

*carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from four to 20 years, depending on age and other health conditions.*

**Schimelpfenig Middle School NJHS** is sponsoring a "Walk to Remember" to raise money and awareness for Alzheimer's on April 9, 2011. We will be donating any money raised to the Alzheimer's Association to further their research into a cure and more treatments for this disease.

Our walk will take place at Schimelpfenig Middle School on April 9, 2011. We are challenging all participants to "Make every Mile count" and walk 4 miles around the track at SMS in a two hour period. There will be prizes/awards for each lap you walk, and in turn for each mile walked. We will also have a contest for the people who wear the most PURPLE (Alzheimer's ribbon color). You can walk with a friend, or by yourself and definitely listen to your iPods as you walk.

Check In: 9:30-10:00

Walk: 10:00 – 12:00

Wrap-up: 12:00- 12:30

Clean-up: 12:30-1:00 \*\*\* All STUDENTS MUST BE PICKED UP AND HOME BY 1:00 p.m. \*\*\*\*

We need your participation at many different levels (even if you can't be there the day of the event or do not want to walk). We need people to make signs, bring water, help track mileage of the walkers, register people, clean up afterwards and, of course, walk in honor of our older Americans suffering from this disorder.

\*\*\* Special Note: Please do not bring pets, bikes, skateboards, etc. to the event

**In order to have make sure that this event is successful, we are asking people to sign up for their part in it by FRIDAY, APRIL 1<sup>st</sup>.**



**Due: April 1, 2011 to Mrs. Mullen G229**

**Name:** \_\_\_\_\_.

There are three levels of participation, at which level will you be participating?

\_\_\_\_\_ walking (strongly recommended)

\_\_\_\_\_ not walking but helping at event

\_\_\_\_\_ helping prior to the event (making posters, registering, etc.)

We are producing a t shirt (like the symbol above), but these are optional.

\_\_\_\_\_ yes, I would like a T shirt (\$10.00 suggested donation) \*\*\*

Sizes: adult small      adult medium      adult large      adult X Large

\_\_\_\_\_ no, I would not like one at this time

\*\*\* donations need to be in cash as all money collected is going directly to Alzheimer's Association

We need adult chaperones, but would also love for them and your family to participate as well.

Other people who can attend with you? \_\_\_\_\_

Any additional t-shirts? (with sizes) \_\_\_\_\_

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**Permission Form**

I give permission for \_\_\_\_\_ to participate in the Walk

to Remember on April 9, 2011 at Schimelpfenig Middle School.

The telephone number where I can be reached in case of an emergency is \_\_\_\_\_.

**MEDICAL INFORMATION:** Are there any health related issues that could affect your child's participation in an outdoor event that we need to be aware of? \_\_\_\_\_ no      \_\_\_\_\_ yes.

If yes, please explain: \_\_\_\_\_

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**AUTHORIZATION:** I authorize the school's representative to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person liable while he/she is acting according to these directions.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_