

After School RUNNING CLUB!!!! FRIDAYS at 2:30-3:30 pm for 5 wks.

For 5 weeks we will stretch, run, jog and walk our way into shape for the MICKEYS place 5K that takes place in October.

\$10.00 a session or \$50.00 for the week

Name: _____

Grade: _____

Date of Birth: _____

Address: _____

Parent or Guardian Name: _____

Contact Email: _____

Cell Number: _____

Insurance Company: _____

Policy Number: _____

Allergies: _____

Medical Conditions: _____

Acknowledgement: As a parent/guardian I declare that my child is in good physical and medical condition and is able to withstand the running, stretching and physical fitness needed to complete the 5 week program and compete in the 5K. I acknowledge the risk and give my child permission to participate in the running club and release the school of Corpus Christi and the organizers of any liability.

Parent signature: _____ Date: _____