**PINNACLE RACE TEAM – REGISTRATION 2024**

Name of Runner:

Address:

City/State/Zipcode:

Home Phone #:

Emergency Contact Name and Phone #:

Email:

Age/DOB:

Age as of 12/31/2024:

Grade (going into for school year ’24-‘25):

School:

Cost: $375 (for an additional Sibling $300)

Make checks payable to:

K17SPORT Fitness 3790 Bellview Rd Schnecksville, PA 18078

Electronic Payment: Venmo to Kenrick-Smith-4

I hereby grant permission for my child to attend the Pinnacle Racing Team Program and verify that my child has received a physical examination in the past year and is physically capable to participate in all activities related to this program. In case of an emergency requiring medical attention, I hereby authorize K17SPORT Fitness Coaches to act according to their best judgement in any emergency requiring medical attention, and I hereby waive and release the Pinnacle Program, K17SPORT Management Corp. and/or its agents or employees from all liability or illness to my child as well as any injury or damage caused by my child while my child is participating on the Pinnacle Racing Team. I verify that my child is covered under a current medical insurance plan. I also grant permission to all forgoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose.

Parent Signature & Date:

Athlete Signature & Date: