**PINNACLE DISTANCE RUNNING PROGRAM REGISTRATION**

Name:

Address:

City/State/Zipcode:

Home Phone #:

Emergency Contact Name and Phone #:

Email:

Age/DOB:

Grade (2017-2018):

School:

Cost: $125

Make checks payable to:

K17SPORT Fitness, LLC 3790 Bellview Rd Schnecksville, PA 18078

I hereby grant permission for my child to attend the Pinnacle Distance Running 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 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 in the Pinnacle Distance Running Program. 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: