Student Registration Fitness Tracker

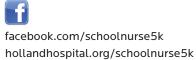
Students can enter the Run/Walk for FREE

by completing ten, 30-minute physical fitness activities. Jump rope ... stretch ... shoot hoops ... run laps around the block ... rollerblade ... play ball ... the choices are up to you!

This event is endorsed by:











Activity:	Activity:	Activity:
Adult Signature:	Adult Signature:	Adult Signature:
Activity:	Activity:	Activity:
Adult	Adult	Adult
Signature:	Signature:	Signature:
Activity:	Activity:	Activity:
Adult Signature:	Adult Signature:	Adult Signature:

Please return this completed sheet by Sep 11 to guarantee shirt.

- drop off: your school main office
- fax: (616) 394-3477
- mail: Holland Hospital Fund Development 602 Michigan Ave. Holland, MI 49423
- email: cperdok@hollandhospital.org

Activity:	
Adult Signature:	

School Nurse 5K Virtual Run/Walk Registration

October 1-11, 2020

Student's Name			
Address	_City/State		_Zip
Team/Family Name (for packet pick up)			
School	_Birthdate		Gender: F M
Phone			
Email (for reminders & information)			
Emergency Contact		_Phone	

Waiver and Release:

I understand that I am participating in a virtual race and I certify that I am physically able and properly trained to participate in this race. I understand running a road race is a potentially hazardous activity, and I assume all risks associated with running in this event-including, but not limited to, falls, effects of the weather, traffic conditions, etc. Therefore, I waive and release Holland Hospital or any other sponsors of this event from any liability. I grant permission for the use of any photographs, video recording, or any other record of this event for any legitimate purpose.

Parent	
Signature	

Shirt Size (circle one) Child: S M L Adult: S M L XL XXL