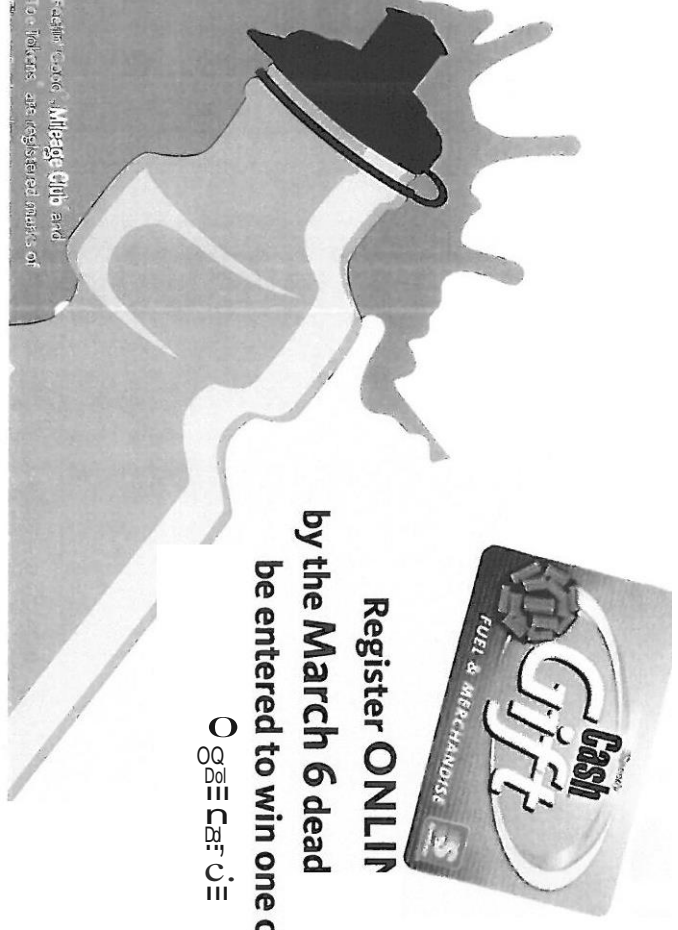


The Feelin' Good® Mileage Club® offers PK – 6 grade students an opportunity to walk or run during designated break periods at school from April 10 – May 26, 2017.

- » Offered FREE by Sparrow to schools in the eight-county area as a way to encourage children to be more physically active.
- » Children earn a Toe Token® (brightly colored shoelace charm) for every five miles logged up to 20 miles.
- » Children earn a specially designed water bottle when they achieve 20 miles.
- » A printable certificate will be e-mailed to parents when children go above and beyond the 20-mile goal and reach 35, 50, or 75 miles.



Register ONLINE by the March 6 dead be entered to win one of



Complete and mail this form ONLY if you CANNOT register your child online at SparrowMilesClub.com

PARENT INFORMATION

First Name (please print clearly) _____

Last Name _____

Street Address _____

City _____ State _____ Zip _____

Parent's Daytime Telephone _____

E-mail _____

CHILD 1

First Name (please print clearly) _____ Last Name _____

School _____ Birth Date _____

Teacher _____

Grade Pre-Kindergarten Kindergarten First Second Third Fourth Fifth Sixth

CHILD 2

First Name (please print clearly) _____ Last Name _____

School _____ Birth Date _____

Teacher _____

Grade Pre-Kindergarten Kindergarten First Second Third Fourth Fifth Sixth

CHILD 3

First Name (please print clearly) _____ Last Name _____

School _____ Birth Date _____

Teacher _____

Grade Pre-Kindergarten Kindergarten First Second Third Fourth Fifth Sixth

I acknowledge that my child is physically fit to participate in the Feelin' Good Mileage Club - hereinafter referred to as the "Club" and he/she has my permission to participate. By signing and submitting this entry and I am legally bound, hereby for my child, heirs, my personal representatives, administrators and myself.

and release all rights and claims for damages my child may have against Sparrow Hospital and Sparrow Health System, my child's school, sponsors of the "Club," its agents, representatives, successors for any and all injuries suffered by my

child>-hile participating in the "Club." I also authorize SparrowHealth System to utilize any photography and >deotape of *my* child's participation for publicity, fundraising, advertising or any other lawful purpose.

Parent's Signature Required: _____ Date:_____

Your OïVac\ iimoortant to us. The Information gathered will only be used by Sparrow and will not be shared with a third party. Your child's information will rema1n confidential.

