**Speeder Kids Running Club**

***Where kids learn to find their speed***

Speeder Kids Running Club is a 6-week running program designed to educate and excite children in kindergarten through 5th grade about running and exercise from an early age. During each session the children will complete a warm up run followed by 2-3 running/ agility games. Each session concludes with stretching and a final cheer. The children enjoy themselves so much they don’t realize they are getting a great workout!

***Interested in joining our next session?***

***The Fall 2019 Speeder Kids program will begin on Tuesday, September 17th through Thursday, October 24, 2019. Rainy day make ups will be held on Tuesday, October 29th and Wednesday, October 30th, 2019. The season will end with a Speeder Kids Running Club Fun Run on Saturday, November 2, 2019.***

***Tuesdays Speeder Boys: 4:15-5:00pm (K-2nd Grade)***

 ***5:15-6:00pm (3rd-5th Grade)***

***Thursdays Speeder Girls: 4:15-5:00pm (K-2nd Grade)***

 ***5:15-6:00pm (3rd-5th Grade)***

Speeder Kids Running Club Fall 2019 registration will open on August 1, 2019.

**$75.00/ child from August 1st, 2019 through September 8th, 2019.**

**$85.00/ child September 8th through September 17th, 2019.**

Registration will close on Monday, September 16th, 2019. Please complete the registration form and mail it with your payment to Speeder Kids Running Club: PO Box 104 Flourtown, PA 19031. All children must be registered by Monday, September 16th, 2019.

**Payment methods:** Venmo or check can be mailed to

Speeder Kids Running Club: Rebecca DePasquale

Schock Fitness PO Box 104 Flourtown, PA 19031

**Location:** Ft. Washington State Park Day Use Area: 44 West Mill Road Flourtown, PA.

***Please contact Rebecca DePasquale with any questions regarding this program: 215-356-5500 or*** ***schockfitness@gmail.com******.***

**Speeder Kids Running Club Registration Form**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Boy: \_\_\_\_ Girl: \_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_**

**Parents’ Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (name & phone #)**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Once your registration paperwork is processed, a general health form will be emailed to be completed prior to the first day of practice.**

**By signing this document, I acknowledge that I am aware that this program for my child will provide her/him with the opportunity to participate in a variety of exercises and activities. I am aware that my child’s participation in these activities is strictly voluntary, and that I may observe if I prefer. I am also aware that there are always risks involved in performing exercises and I certify that my child is in good health and do not have any conditions that would be aggravated by exercise. I certify that by choosing to have my daughter/ son participate in these voluntary activities I accept full responsibility for any unplanned consequences. I agree that in the event of an accident or injury, I will hold harmless Schock Fitness and its independent contractors as well as the Fort Washington State Park Department and its employees and staff.**

**Signature/ Date:**