



SCHUSTER PHYSICAL THERAPY COUCH TO 5K TRAINING PROGRAM

Registration Form — Please Print Clearly

LAST NAME _____ FIRST _____

BIRTHDATE (mm/dd/yy) _____ GENDER: Male Female PHONE: _____

Parent name and phone number for minor participant: _____

EMAIL _____

EMERGENCY CONTACT: _____ PHONE: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

T-SHIRT SIZE (unisex sizing): _____

WHICH PROGRAM WOULD YOU LIKE TO PARTICIPATE:

_____ WALKING PROGRAM _____ WALK/RUN PROGRAM

Cost is **\$30.00** for the **C25K Training Program**. Makes checks payable to: **Schuster Physical Therapy**.

***The C25K Training Program is solely the exercise program; the New River 5K race will be an additional registration process and cost.

***All participants must sign a Liability & Publication Release Form.

