



Sportsmetrics/Running Clinic Registration Form
Please register by June 8th, 2015

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_
Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Please circle which program you would like to participate in:

SportsMetrics

SUMMER PROGRAM

June 15 – August 7, 2015
Mondays and Wednesdays
11am – 12:30pm

Program Cost: \$50 for 8 week session
FREE to current and former patients of Peak

Running Clinic

SUMMER PROGRAM

June 15 – August 7, 2015
Mondays & Wednesdays
9:30am – 11am

Program Cost: \$50 for 10 week session
FREE to current and former patients of Peak

Please list the sport(s) in which you participate: \_\_\_\_\_

Do you currently have any aches/pains/injuries that may affect your ability to participate fully in the Sportsmetrics/Running Clinic? Please specify:

How did you hear about our Sportsmetrics /Running Clinic programs? \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to:

Peak Performance
279 Altenhofen Drive
Appleton WI 54913

Office Use Only

Date Received \_\_\_\_\_

Payment Received \_\_\_\_\_