

# FEELIN' GOOD MILEAGE CLUB®

Dear Parent,

Thank you for your interest in registering your child(ren) in the 2019 Feelin' Good® Mileage Club®.

We suggest you use the preferred online registration available at [SparrowMilesClub.com](http://SparrowMilesClub.com) using a computer, smartphone, or tablet. Your child(ren) will be automatically registered once you click submit.

If you are unable to access online registration, please complete the form below and return to Sparrow Health and Wellness by one of the following three methods:

1. Scan and email the form to [wellness@sparrow.org](mailto:wellness@sparrow.org)
2. Fax the form to **517.364.8145**
3. Mail the form to:

Sparrow Health and Wellness  
 Attn: Mileage Club  
 2900 Hannah Boulevard, Suite 211  
 East Lansing, MI 48823

Registration is available from Feb. 1 to March 4. Forms must be received by Sparrow Health and Wellness on or before March 4. Incomplete forms will not be accepted.

Feelin' Good®, Mileage Club®, and Toe Tokens® are registered marks of Fitness Finders, Inc.



PARENT INFORMATION	
First Name (please print clearly in blue or black ink) <input type="text"/>	<b>CHILD 1</b> First Name (please print clearly) <input type="text"/> Last Name <input type="text"/> School <input type="text"/> Teacher <input type="text"/> Birth Date <input type="text"/> Grade <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth
Last Name <input type="text"/>	<b>CHILD 2</b> First Name (please print clearly) <input type="text"/> Last Name <input type="text"/> School <input type="text"/> Teacher <input type="text"/> Birth Date <input type="text"/> Grade <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth
Street Address <input type="text"/>	<b>CHILD 3</b> First Name (please print clearly) <input type="text"/> Last Name <input type="text"/> School <input type="text"/> Teacher <input type="text"/> Birth Date <input type="text"/> Grade <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	
Parent's Daytime Telephone <input type="text"/>	
E-mail <input type="text"/>	

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 waiver, I am legally bound, hereby for my child, heirs, my personal representatives, administrators and myself.

I waive and release all rights and claims for damages I/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 while participating in the "Club." I also authorize Sparrow Health System to utilize any photography and video of my child's participation for publicity, fundraising, advertising or any other lawful purpose.

Your privacy is important 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 remain confidential.

**Parent's Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_