



# Registration Form & Liability Form

## Runner's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

## Guardian's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Guardian's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Runner's Medical Questions:

Does your child have any allergies? YES  NO

If "Yes", what is your child allergic to?

Is your child taking any medications? YES  NO

If "Yes", please list any medications your child is taking:

Does your child have any special/serious health issues? YES  NO

If "Yes", please list any special/serious health issues:

Doctors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ID Number for Medical Insurance: \_\_\_\_\_

Does Coach have permission to post your child's picture on the website? YES  NO

How did you hear about our Running Program?

Ad  Banner  Snails Pace  Friend

If a friend referred you what was their name?

In case of Emergency who do we contact?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

