



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: _____

