

COOL RUNNINGS TRACK & FIELD CLUB

Family Last Name _____ Date: _____
Address _____ Phone: _____
City _____ State _____ Zip _____

****Parent/Guardian #1 Name** _____
Phone (H) _____ (W) _____ (C) _____
Place of Employment _____
Email _____

****Parent/Guardian #2 Name** _____
Phone (H) _____ (W) _____ (C) _____
Place of Employment _____
Email _____

1. Athlete Name _____ Age _____ Gender M F
Date of Birth _____ Grade (16-17) _____ School (16-17) _____
Phone (C) _____ Email _____

Athlete 1: Level of Fitness and Activities: _____ On a scale of 1-10 with 10 being the MOST Fit, rate your child's level of fitness.

_____ Participates in school track program: _____ Cross Country _____ Track
_____ Beginning Runner _____ Experienced Runner (Has competed)

Interested in training for: _____ Cross Country _____ Indoor T & F _____ Outdoor T & F
_____ Conditioning Only _____ Summer Program Only

List extra-curricular activities your child has participated in during this school year:

2. Athlete Name _____ Age _____ Gender M F
Date of Birth _____ Grade (16-17) _____ School (16-17) _____
Phone (C) _____ Email _____

Athlete 2: Level of Fitness and Activities: _____ On a scale of 1-10 with 10 being the MOST Fit, rate your child's level of fitness.

_____ Participates in school track program: _____ Cross Country _____ Track
_____ Beginning Runner _____ Experienced Runner (Has competed)

Interested in training for: _____ Cross Country _____ Indoor T & F _____ Outdoor T & F
_____ Conditioning Only _____ Summer Program Only

List extra-curricular activities your child has participated in during this school year:

3. Athlete Name _____ Age _____ Gender M F
Date of Birth _____ Grade (16-17) _____ School (16-17) _____
Phone (C) _____ Email _____

Athlete 3: Level of Fitness and Activities: _____ On a scale of 1-10 with 10 being the MOST Fit, rate your child's level of fitness.

_____ Participates in school track program: _____ Cross Country _____ Track
_____ Beginning Runner _____ Experienced Runner (Has competed)

