

Questionnaire



Birth date: ___/___/___ M ___ F ___

Personal Goals:

Event _____ Goal _____

Event _____ Goal _____

Event _____ Goal _____

I am presently taking medication for/treating:

Injury/Condition Treatment/Medication

Comments on Injuries or Medical Condition: _____

Registration

Name: _____ Address: _____

City: _____ Zip: _____ Athletes Home PH: _____

Mother's Name (if you are under 18): _____

PH: _____ Wk PH: _____

Father's Name (if you are under 18): _____

PH: _____ Wk PH _____

Email address: _____

Cost per athlete: Please see website for registration costs.

Athlete 1: ___ X \$ ___ = \$ ___

Athlete 2: ___ X \$ ___ = \$ ___

Athlete 3: ___ X \$ ___ = \$ ___

Athlete 4: ___ X \$ ___ = \$ ___

Total Amount Enclosed: \$ _____

Please make checks out to: "Running International". A signed waiver will be required upon registration.

See ricrojasrunning.com or more information.

email: ric@ricrojasrunning.com