

RUNNIN ON FAITH TRACK CLUB

Child's Name: _____

Address: _____

Date Of Birth: _____

Parent's Name: _____

Home Phone: _____ Cell # _____

Email Address: _____

Does Your Child Have Any Health Conditions?

Does Your Child Take Any Medications?

Emergency Contact: _____

Phone Number: _____

I _____ Give My Child _____

Permission to participate in track and field events with Runnin On Faith . Include transportation by request.

Parent Signature: _____ Date: _____

Child Shirt & Pant Size: _____

