



Altitude Run Club Registration

Athlete Questionnaire: In order to help us plan a fitness/athletic program for you, it is necessary to evaluate some of your health and lifestyle history, as well as your present running fitness. Please answer to the best of your ability. Your information will be kept confidential and used only in helping make recommendations for a fitness program.

Name _____ Date _____

Age _____ Sex _____ T-Shirt Size: _____

Email: _____ Phone: _____

Mailing Address: _____

Emergency Contact (Name and Phone): _____

Current State of Health: _____

Medications: _____

If currently sick or injured, describe difficulty and date of onset: _____

Health Risks (i.e.: family history, chronic disease, etc): _____

Running Interest (check all that apply):

Fitness and Fun _____ Recreational or Social Racing _____ Training for Multi-Sport _____

Racing for Improved Performance _____ Racing for Awards _____

How Long Have You Been Running: _____

Would you consider yourself a Novice _____ or Experienced Runner? _____

Running Racing Experience: None: _____ Novice: _____ Experienced: _____

How Many Miles Per Week Have You Averaged Over the Past Three Months: _____

Have you ever done "speed" workouts, interval training, or "effort" Sessions: Y _____ N _____

Recent or Chronic Running Injuries:

Describe any problem with previous training or racing:

Describe your current training goals-what are you trying to accomplish and by when?

Waiver Of Liability

I know that running is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of the run club staff relative to any aspect of my participation in this event, including the right of any run club staff to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this club, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my registration, I, for myself and anyone entitled to act on my behalf, waive and release Altitude Physical Therapy, from all claims or liabilities of any kind arising out of my participation in this club, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____

Date: _____

Parent's Signature if under 18 years: _____

Date: _____