



Shiprock Kid's Marathon

www.shiprockmarathon.com

GENERAL INFORMATION

Mail the logs and registrations to this address:

Ellie Yazzie - Kids Marathon
P.O. Box 1375
Teec Nos Pos, AZ 86514

Or, scan the registration form and email it:

kerbitah@yahoo.com

*Name _____

*Parent's Name: _____

*Address, town/city, state and zip _____

*Chapter _____ *School: _____ Grade (in fall) _____

Birthday: ___/___/___ *Age: ___ Height ___ Weight ___

Sports, clubs or activities at school: _____

Special interests, hobbies or skills: _____

*Emergency contact: _____

*Relationship to child: _____ Phone: _____

Address: _____

*Parents - Do you have any questions or concerns about your child's ability to meet the physical demands and challenges of the Shiprock Kid's Marathon? _____

Parental permission, waiver and medical release: I give permission for my child, _____, to take part in the 2017 Shiprock Kid's Marathon. I will not hold Y.E.S. for Dine' Bikeyah (NavajoYES), Shiprock Marathon race committee and volunteers, my child's school, Dine' College, Navajo Parks & Recreation, Office of Navajo President & Vice President or sponsors responsible or liable for any accidents, injuries or thefts that my child may incur through participation in this program. I authorize representatives of my child's school, NavajoYES and/or Shiprock Marathon to obtain emergency medical treatment if it should become necessary.

Parent/Guardian's Signature

Date

www.navajoyes.org

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HEALTH HISTORY

Does your child have any special medical/health conditions that we should be aware of?

Any allergies to medications, certain foods, etc? If so, please list. _____

Does your child take any medications, vitamins or supplements on a regular basis? If so, identify.

General Health Questions (Please circle all items to which the answer is "yes")

Has/does your child"

Ever had seizures?

Ever passed out during exercise?

Ever had back problems?

Have asthma?

Wear glasses or contacts?

Have a chronic or recurring illness?

Have problems with sleep-walking?

Have a heart defect?

Ever had a head injury?

Have diabetes?

Have high blood pressure?

Ever been knocked unconscious?

Had any recent injury, illness or infectious disease?

Ever had problems with joints?

Please explain any "Yes" answers to the above items:

Please describe any limitations or restrictions on athletic activities:

Please describe any medically-prescribed meal plans or dietary restrictions:

At which local clinic or hospital does your child normally receive services?
