Shiprock Kids Marathon

www.shiprockmarathon.com

GENERAL INFORMATION

*Name _____

*Parent's Name: _____

*Address, town/city, state and zip _____
_____

*Chapter _____ *School: _____ Grade _____

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 2021 Shiprock Kids Marathon. I will not hold Y.E.S. for Dine' Bikeyah (NavajoYES), Shiprock Marathon race committee and volunteers, my child's school, 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

Shiprock Kids Marathon

HEALTH HISTORY

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

_____

_____

Any **allergies**? Medications, bees, certain foods, etc? If so, please list.

_____

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

When was your child's most recent **tetanus shot**? (If you can't recall, just say so.) _____

General Health Questions. *Please circle all items with which your child has had issues with in the past*. This is VERY IMPORTANT, so please take your time.

Seizures
Heart Defect/high blood pressure
Diabetes
Joint issues/dislocations
Heat Stroke
Asthma
Sleep walking
Allergic reactions (bee stings, food, medications, etc.)
Head injury/concussion/TBI
Chronic or recurring illness/Recent injury, illness or infectious disease?

Please explain any items circled above:

_____

_____

_____

Please describe any limitations or restrictions on activities:

_____

Please describe any medically-prescribed meal plans or dietary restrictions. If you have not done so above, **please note any food allergies.**

_____

_____

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