

Running with the Stars
www.RunningwiththeStars.com
HEALTH HISTORY, TRANSPORTATION, and TEE SHIRT INFORMATION
(must be completed by an adult)

Name: _____

Grade: _____ Teacher: _____

Parent Name: _____

Phone Number: _____

Email Address: _____

Major Health Concerns: _____

Food Allergies _____ Diabetes _____ Asthma _____

Family History of Heart Problems _____

Other Health Concerns _____

Medications _____

Emergency Contact _____

Phone _____

Transportation - Please let us know how your child is going home (parents, carpooling, CASA, etc.). If there are any changes, let us know.

A tee shirt for the student runner is included in the program fee as well as a shirt for one buddy runner. Additional shirts may be purchased for \$15 each. Please select shirt sizes below.

Youth Shirt Size: sm _____ med _____ lrg _____ xlr _____

Adult Shirt Size: sm _____ med _____ lrg _____ xlr _____ xxlr _____