

RUN THE HALLS

Get students moving in today's learning environment!

Enrollment Form

Student's first/last name _____

Date of birth _____ Grade _____ Teacher _____

Address _____

Parent/guardian name _____

Work, home and/or cell phone _____

Email address _____

Emergency contact name _____

Contact phone number _____

Medical concerns/allergies _____

My child has permission to participate in the school running program. I agree to hold harmless the school and district, school staff, board members, volunteers and any sponsoring entities. In the event that emergency medical treatment is required, I am giving my consent to the running program to administer and/or arrange for reasonable treatment in the absence of the parent or guardian. I understand that in the absence of the parent, a running club representative will notify the parent of the emergency as soon as possible.

Parent/legal guardian signature

Date