



Shiprock Kids Marathon

GENERAL INFORMATION

Name _____

Parent's Name: _____

Address, town/city, state and zip _____

Chapter _____ School: _____ Grade _____

Birthday: ____ / ____ / ____ Age: ____

Sports, clubs or hobbies: _____

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 2026 Shiprock Kids Marathon. I understand that the Kids Marathon is a home and school-based event, with the running all taking place at our home or my child's school.

Parent/Guardian's Signature

Date



Questions? Contact us at chuskaman@yahoo.com or 505-686-2300

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?
