

DISTANCE RUNNERS EVALUATION FORM

Please complete this form so that we can insure your child is placed in the appropriate running group.

Name: _____ Age: _____ D.O.B: _____ Sex: M / F

Prior Track or Cross Country Experience Y / N?

If Y please list what school / years participated / and events run

What other sports have you participated in?

Are you currently involved in another sport outside of cross-country Y / N?

If yes, which sport and how many times a week are you participating in this sport?

Please describe your last three weeks of regular physical activity

M	M	M
T	T	T
W	W	W
TH	TH	TH
F	F	F
S	S	S
SN	SN	SN

Are there any previous injuries or physical limitations that we need to be aware of?

Current athletic shoe worn – make and model