



CHILD # 1 FULL NAME: _____
BIRTH DATE: ____/____/____ AGE: _____ GRADE: _____
ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 2 FULL NAME: _____
BIRTH DATE: ____/____/____ AGE: _____ GRADE: _____
ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 3 FULL NAME: _____
BIRTH DATE: ____/____/____ AGE: _____ GRADE: _____
ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 4 FULL NAME: _____
BIRTH DATE: ____/____/____ AGE: _____ GRADE: _____
ALLERGIES/SPECIAL INFORMATION : _____

CHILD # 5 FULL NAME: _____
BIRTH DATE: ____/____/____ AGE: _____ GRADE: _____
ALLERGIES/SPECIAL INFORMATION : _____

***Only children 2 years before kindergarten thru Grade 6 need to be registered on this form. If space is needed for additional children, use the back side of this paper.**
***By registering my child for Hess Road Runners, I authorize that my child's image may be photographed, filmed and be used in video, print, and web presentations.**
***By giving my email address, I understand that HRWC may add me to their Road Runner mailing list. HRWC will not give your personal information to any third parties.**

ADDRESS INFORMATION *Please use primary residence of child(ren).*

ADDRESS: _____ CITY: _____

HOME PHONE NUMBER: _____

STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN 1/EMERGENCY CONTACT

ADULT FULL NAME: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO CHILD: _____

DOES THIS PARENT LIVE AT THE ADDRESS ABOVE? Y / N

PARENT/GUARDIAN 2/EMERGENCY CONTACT

ADULT FULL NAME: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO CHILD: _____

DOES THIS PARENT LIVE AT THE ADDRESS ABOVE? Y / N

PLEASE LIST NAMES OF OTHERS AUTHORIZED TO PICK UP CHILD: _____