



MLCHS CROSS COUNTRY 2020

Athlete Information Form (AIF)

Name: _____

Athlete's Cell Phone # : _____

Athlete's Email: _____

Contact (parent or guardian) Name: _____

Contact's Cell & Home Phone #s: _____(c)_____ (h)

Contact's Email: _____

Class in Fall (Circle One): 7th 8th FR SO JR SR Team (Circle One): Boys Girls

Personal Records (Your best times):

800 _____ 1600 _____ Other _____

3200 _____ 5K _____ 10K _____

Why do you want to run XC? Parents want me to run Enjoy XC Stay in shape /
general fitness Aerobic base for track Conditioning for main sport Sport _____
Enjoy the camaraderie Other reason _____

TShirt Size (Circle One): XS S M L XL XXL

Personal goals for the season:

What should our *team* goal be?: _____

Date of last physical: _____

Is it on file with MLCHS Athletics? Y or N