



MLCHS CROSS COUNTRY 2024

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 (list sport) _____
Enjoy the camaraderie Other reason _____

T-shirt Size (Circle One): XS S M L XL XXL

Personal goals for the season (Note: a goal is not a desired outcome – that is an objective. A goal is quantifiable, achievable, and time specific. For instance, “I will break 18:00 before Region” vs. objective [desired outcome] “I want everyone on the team to do their best.”):

What should our team goal be?: _____

Date of last physical: _____

Is it on file with MLCHS Athletics? Y or N