

# Cupertino High School Cross Country 2017

## Information Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Email Id \_\_\_\_\_ Student ID # \_\_\_\_\_

Parents/Guardian Names \_\_\_\_\_

Parents/Guardians Email Ids \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Your Cell Phone # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Is your have 6<sup>th</sup> period free? \_\_\_\_\_ Is your 7<sup>th</sup> period free? \_\_\_\_\_

Do you drive? \_\_\_\_\_ Can you drive others? \_\_\_\_\_ How many? \_\_\_\_\_

Can your parent(s) drive to meets? \_\_\_\_\_ How many total? \_\_\_\_\_

Cross Country experience \_\_\_\_\_

If you ran cross country last year, what were your top three best races?

<u>Race</u>	<u>Distance</u>	<u>Time</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite race \_\_\_\_\_

What do you think you need to do to improve your times? \_\_\_\_\_

\_\_\_\_\_

How many miles did you run this summer? Miles per week? What did you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you trying out for cross country? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any past athletically relevant injuries or medical conditions? \_\_\_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a vegetarian? \_\_\_\_\_

Do you have asthma? \_\_\_\_\_ Do you use an inhaler? \_\_\_\_\_

Do you have diabetes? \_\_\_\_\_ If yes, how often do you check your sugar? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Do you have any current athletically relevant medical problems? \_\_\_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wear contacts? \_\_\_\_\_ If yes, do you wear them when you are doing sports? \_\_\_\_\_

Are you currently playing another sport? \_\_\_\_\_ If yes, what? \_\_\_\_\_

What is the practice schedule of the other sport? \_\_\_\_\_  
\_\_\_\_\_

Do you have any schedule conflicts with our practice times? \_\_\_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

Do you have any schedule conflicts with our meets? \_\_\_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_



List any hobbies, clubs, or other pursuits: \_\_\_\_\_

\_\_\_\_\_

What are your realistic goals for this XC season? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your dream goals for this XC season? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your realistic goals for your CHS XC career? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your dream goals for your CHS XC career? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments? \_\_\_\_\_

\_\_\_\_\_

Siblings & Ages: \_\_\_\_\_

\_\_\_\_\_

Schools (List school name and dates of attendance):

Elementary: \_\_\_\_\_

Middle School: \_\_\_\_\_

High School: \_\_\_\_\_

Last updated 4/29/17