KIDS RUNNER PROFILE

Please fill in the information for each of the questions below. When completed, email this page as a WORD document to: info@atrvedrockrunners.org

NAME:

DATE/PLACE OF BIRTH:

EDUCATIONAL BACKGROUND:

PERSONAL HEROES:

PERSONAL STRENGTHS:

PERSONAL PHILOSOPHY:

SOMETHING MOST PEOPLE DON’T KNOW ABOUT ME:

YEARS RUNNING:

NUMBER OF RACE RAN (PR’S):

FAVORITE RACE:

WHY DID YOU START RUNNING:

HOW MANY YEARS HAVE YOU PARTICIPATED IN THE KIDS CLINIC:

WHAT DO YOU LIKE MOST ABOUT THE KIDS CLINIC:

FAVORITE NON RUNNING LEISURE ACTIVITY:

WHAT DO YOU DO TO STAY MOTIVATED:

ADVICE YOU WOULD GIVE TO OTHER KID RUNNERS: