

Team Jet Hawaii • Athlete Registration and Profile

Name: _____

Address: _____

Phones - Home: _____ Work: _____ Mobile: _____

E-Mail Address: _____

Medical Info:

Please list any medical conditions, medications or prior injuries to be aware of:		
Medical Insurance Carrier: _____	Policy #: _____	
In Case of Emergency		
Contact 1: _____	Relationship: _____	Phone: _____
Contact 2: _____	Relationship: _____	Phone: _____

Athletic History:

What has your sports participation been: youth, high school, college, and/or adult?

How many years / months have you been running/swimming/cycling?

Please list any races/events you have recently completed (with times)

How many Marathons have you run?

Preferred Marathon Clinic location: Honolulu Mililani Windward