



CAMP IN-TAKE FORM

CLIENT'S NAME: _____

DATE OF BIRTH: _____

EMAIL: _____

PHONE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

▷ Allergies _____

▷ Do you have any running injuries presently? In the past? Any niggles or concerns? _____

What pace would you consider yourself? Fast Average Like to Smell the Rose

▷ What are your expectations? _____