

# Capital City Striders Track Club

PO Box 1243

Charleston, WV 25326-1243

## Registration Form

(Please Print Clearly)

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M/ F Age: \_\_\_\_\_  
Month/Day/Year (Turning this Year)

Address: \_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Additional Guardian Information: \_\_\_\_\_  
Cell Phone Work Phone

E-Mail Address: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

Please list any illnesses/disabilities that your child may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:	Yes	No	Date Received
Copy of Birth Certificate:			
Registration Fee Received:			
Registration Payment Plan:			
NOTES:			