

Capital City Striders, Inc.
PO Box 113
Institute, WV 25112
Registration Form
(Please Print Clearly)

Participants Name:

LastName First name Middle

Date of Birth:

Sex: M/ F

Age:

(Month/Day/Year)

(Turning this Year)

Address:

City

State

Zip

Home Phone:

School Phone:

Events Experience or preference:

Guardian Name:

Guardian Information:

Cell Phone

Work Phone

Guardian 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:			