

**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:			