Office Use Only
Date Received
Birth Certificate
Registration Fee Received
Payment Plan: Y or N

Capital City Striders, Inc.

PO Box 113 Institute, WV 25112

Registration Form (Please Print Clearly)

Participants Last Name: _____
First Name: _____ Middle Name: _____
Date of Birth (Month/Day/Year): _____ Gender: M or F
Age (Turning this Year):_____ Uniform Size: _____
Street Address:_____
City: _____ State: _____ Zip: _____
Home Phone: _____ School Phone:_____
Events Experience or preference:

_____

_____

_____

Guardian Name:

_____

Guardian E-Mail Address:

_____

Cell Phone: _____ Work Phone: _____

Emergency Contact Information:

Emergency Contact Name: _____
Telephone: _____
Emergency Contact Name: _____
Telephone: _____

Insurance Carrier: _____
Insurance ID Number: _____

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

_____

_____

_____