

# Capital City Striders, Inc.

PO Box 113  
Institute, WV 25112

## Registration Form

(Please Print Clearly)

Participants Name:

\_\_\_\_\_  
LastName First name Middle

Date of Birth:

\_\_\_\_\_  
(Month/Day/Year)

Sex: M/ F

Age:

\_\_\_\_\_  
(Turning this Year)

Address:

\_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Home Phone:

\_\_\_\_\_

School:

\_\_\_\_\_

Events Experience or preference

\_\_\_\_\_

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:			