



DURHAM STRIDERS TRACK AND FIELD CLUB, INC.

Registration 2008

For Office Use Only

Birth Certificate _____
Physical Exam _____
Tuition _____
Age Group _____
USATF# _____

(Please print form in ink, fill in ALL questions and sign where signature is required)

NAME _____ BIRTH DATE ___/___/___ AGE _____ SEX _____
Last First MI

ADDRESS _____
Street City Zip

PARENT OR LEGAL GUARDIAN _____

ADDRESS (If different from child's) _____

TELEPHONE (Home) _____ (Work) _____ (Cell) _____

E-MAIL _____

2007 DURHAM STRIDER MEMBER Yes _____ No _____

PERSON OTHER THAN PARENT OR LEGAL GUARDIAN TO NOTIFY IN CASE OF EMERGENCY

NAME _____

ADDRESS _____ PHONE _____
Street City, State Zip

RELATIONSHIP TO CHILD _____

NAME OF CHILD'S PHYSICIAN _____ PHONE _____

INSURANCE CARRIER _____ POLICY NUMBER _____

I agree to allow my child to participate as part of the Durham Striders Track and Field program, abiding by its rules of conduct. I agree to allow my child to travel with the club, and participate in all club-sponsored competition. I understand that I may withdraw my permission for my child's participation at any time.

Parent/Guardian Signature _____

Date _____

FEES ARE NON-REFUNDABLE