

DURHAM STRIDERS YOUTH ASSOCIATION, INC.
Registration 2014



Birth Certificate _____
Physical Exam _____
\$50 Tuition _____ Fee Waiver _____
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 (Mom) _____ (Dad) _____

ADDRESS (If different from child's) (Mom) _____ (Dad) _____

TELEPHONE (Home) _____ (Work) _____ (Cell) (Mom) _____ (Dad) _____

E-MAIL(S) (Mom) _____ (Dad) _____

FORMER DURHAM STRIDERS MEMBER? Yes _____ No _____

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

NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____
Street City, State Zip

EMAIL _____ HOME PHONE _____ CELL PHONE _____

NAME OF CHILD'S PHYSICIAN _____ PHONE _____

INSURANCE CARRIER _____ POLICY NUMBER _____

PLEASE LIST ANY AND ALL CHRONIC MEDICAL CONDITIONS, AS WELL AS ANY MEDICAL CONCERNS FOR WHICH YOUR ATHLETE HAS BEEN SEEN BY A DOCTOR IN THE LAST 3 MONTHS. PLEASE ALSO LIST ANY AND ALL REGULARLY TAKEN MEDICATIONS: _____

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 competitions. I understand that I may withdraw my permission for my child's participation at any time.

Parent/Guardian Signature _____

Date _____

FEES ARE NON-REFUNDABLE