

**DURHAM STRIDERS YOUTH ASSOCIATION, INC.**  
**Registration 2015**



<b>Birth Certificate</b> _____
<b>Physical Exam</b> _____
<b>\$125 Tuition</b> _____ <b>Fee Reduction</b> _____
<b>USATF</b> _____

(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**