

**AUSTIN STRIDERS TRACK CLUB, INC
TRACK & FIELD REGISTRATION**

www.austin-striders.org

512/314-5180

(PLEASE PRINT)

_____ Male _____ Female DATE _____

PLEASE DO NOT USE NICK NAMES

ATHLETE'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH ___ / ___ / ___ AGE _____ WEIGHT _____ HEIGHT _____ SS# _____ - _____ - _____

SCHOOL ATTENDING _____ SCHOOL GRADE _____

FATHER'S NAME _____ HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____ CELLULAR _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME _____ HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____ CELL _____

ADDRESS _____ CITY _____ ZIP _____

IN CASE OF EMERGENCY CONTACT

NAME _____

PHONE _____ RELATIONSHIP _____

NEW ATHLETE _____ RETURNING ATHLETE _____

CASH _____ CHECK# _____ RECEIPT # _____ FUNDRAISING _____

