



# Registration Form

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Gender (Male) or (Female)

Email Address: \_\_\_\_\_

Please circle one. Are you a walker, jogger, or a runner?

Please circle one. How often do you exercise per week? 1 2 3 4 5 6 7

## Medical Profile

Circle any of the following conditions if you have experienced them.

Asthma      Allergies      Migraines      Diabetes      Heart Complications      Epilepsy  
Feinting      High Blood Press      Broken Bones      Sprains      Other

If other, please explain. \_\_\_\_\_

Do you have any pre-existing medical conditions that you are receiving treatment for? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_

Youth Registration Fee: \$10.00

Adult Registration Fee: \$20.00

## Corporate Sponsor

Name \_\_\_\_\_ Fee \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if applicant is under 18): \_\_\_\_\_

Club Registrar: \_\_\_\_\_

Membership #: \_\_\_\_\_