

# Whidbey Island Running Club Registration Form

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email address: \_\_\_\_\_

Street address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

To contact in case of emergency:

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

Number: \_\_\_\_\_

Are there any existing medical conditions Whidbey Island Running Club coaches should be aware of?