

CENTRAL DAUPHIN CROSS COUNTRY SIGN-UP INFORMATION

Please print all information legibly

Athlete Information

Name: _____

Sex: _____ Date of Birth: _____ Grade Next Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Parent/Guardian Information

Mother/Parent #1/Guardian #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Father/Parent #2/Guardian #2

Name: _____

Fill in only if different than above

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____