hild's Name (First & Last)		Age	Birth Date	☐ Male ☐] Femal
ddress	City	Zip	School	I	Grade
IERGENCY CONTACTS e Parent/Guardian nan d other you would like	ned will be contacted first in us to contact if we cannot re	case of emergency (a	after 911). Please lis	st non-registering pa	arents,
Contact Name (First & Last)		Email			
elationship	Day Phone	Cell Phone		Evening Phone	
ddress		City		Zip	
Contact Name (First & Last)		Email			
elationship	Day Phone	Cell Phone		Evening Phone	
idress		City		Zip	
3) Contact Name (First & Last)		Email			
Intinualia	Davi Blaca				
lationship	Day Phone	Cell Phone		Evening Phone	
ease list all individuals v	AND INFORMATION (MINIMU who are authorized to pick u	City M AGE 14)	ividual is not listed,	Zip	oe rele
dress K-UP AUTHORIZATION A ase list all individuals v	AND INFORMATION (MINIMU who are authorized to pick u	City M AGE 14) p your child. If an indi	ividual is not listed, Day Phone	Zip	
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Printed Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian