

YOUTH & PARENT CONTACT INFORMATION

Please print

YOUTH INFORMATION

NAME: _____

AGE: _____

DATE OF BIRTH: _____ GRADE: _____ SCHOOL: _____

ADDRESS: _____

HOME PHONE: _____ CHILD CELL PHONE: _____

May we text your child? Yes _____ No _____

ALLERGIES OR MEDICAL CONDITIONS WE SHOULD KNOW: _____

PARENT INFORMATION

NAME(S): _____

ADDRESS (If different from above): _____

CELL PHONE (_____) _____ PREFERRED PHONE TO CALL: HOME _____ CELL _____

May we text you? Yes _____ No _____

PREFERRED E-MAIL ADDRESS: _____

SECONDARY E-MAIL ADDRESS: _____

EMERGENCY CONTACT IF UNABLE TO REACH PARENT:

NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

May we take your child's picture and post to our website and/or FB page? ___ Y ___ N (Their name will not be posted)