



Information Form

Please fill out this form to the best of your ability with the proper information requested. These will be kept on file and with the coaches. We cannot stress enough the importance of providing us with correct names and numbers. In case of emergency, this is the most important information we can have. We thank you for your cooperation.

Child's Name: _____

Address: _____ City: _____ Zip Code: _____

Child's Age: _____ Child's Birth Date: _____

School attending in August 2018: _____ Grade: _____

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Father's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____ Emergency Phone #: _____
(in addition to mother or father if they can not be reached)

Any Known Medical Conditions of Participant (if any restrictions): YES / NO

Please explain further if needed: _____

Known allergies: _____

List any medication(s) currently taking: _____

Child's Shirt Size: YS YM YL YXL AS AM AL AXL

Child's Short Size: YS YM YL YXL AS AM AL AXL

