

-Please Print-



### Clubber Information

Clubber Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ (as of August 2019) Gender:  Boy  Girl



Shirt Size – Fee is required prior to receiving the uniform

Small  Medium  Large  X-Large  XX-Large

### Parent/Guardian Information

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_  Receive club related events and information

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Email Address \_\_\_\_\_  Receive club related events and information

### Others Authorized to Pick Up

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Please ensure your student has a Child Information Form on file prior to starting the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Child Information Form

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(Last, First)

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender:  Boy  Girl

Parents' Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last, First)

Parents' Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last, First)

## Alternate Emergency Contact

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last, First)

Please answer the following questions:

1. Does your child have any food allergies?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child take medication for a reaction to the above listed food allergies?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any food restriction(s)?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

4. Does your child have any medical condition(s)?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

5. Does your child take any prescribed medication for the medical condition(s)?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

6. Has your child been baptized to be eligible for participation in Holy Communion?  Yes  No

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_