



CLASS INFORMATION FORM

PARTICIPANT INFORMATION

Participant's Full Name _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Participant's Phone Number (H) _____ (C) _____

Participant's Email Address _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Exact Age on May 31, 2009 _____

Grade/2009-10 School Season PK K 1 2 3 4 5 6 7 8 9 10 11 12

School Attending _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Mother's Phone (H) _____ (W) _____ (C) _____

Father's Name _____

Father's Phone (H) _____ (W) _____ (C) _____

Parent's Email Address (M) _____ (F) _____

MEDICAL INFORMATION

Primary Physician _____ Phone _____

Insurance Company _____ Phone _____

Policy # _____

Emergency Contact _____ Phone _____

Any Medications Allergic to or any known allergies _____

List any Physical/Psychological/Prior Injuries/Current Injuries that we should be aware of:

OFFICE USE ONLY

Team _____ Credit/Debit on file? _____ Automatic Tuition? _____

T-Shirt Size YS YM YL AS AM AL AXL AXXL Received? Y / N

Short Size YS YM YL AS AM AL AXL AXXL Received? Y / N

Water Bottle Received? Y / N Practice Bow Received? Y / N