

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Allergies/Medical Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone(s): (    ) \_\_\_\_\_ - \_\_\_\_\_ / (    ) \_\_\_\_\_ - \_\_\_\_\_