

Club Registration Form 2020



Child's Name: _____ **Age:** _____
Name of the Club: _____ **Classroom:** _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1: _____

Home/Cell Phone: _____ Email: _____

Please circle the best number to reach you during club hours.

Parent/Guardian Name #2: _____

Home/Cell Phone: _____ Email: _____

MEDICAL INFORMATION

Health Concerns/Allergies/Medical Needs:

Primary Physician: _____ **Phone:** _____

Hospital Preference: _____

If your child is taking any medications, including medications used for allergic reactions, please attach their Medical Action Plan to this registration form.

EMERGENCY CONTACTS

Emergency Contact #1: _____ Phone: _____

Emergency Contact #1 can pick up my child.

Emergency Contact #2: _____ Phone: _____

Emergency Contact #2 can pick up my child.

Parent Signature: _____

Date: _____