



## INFORMATION FORM

### CHILD'S INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

M/F \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month date year

Please list any health concerns, allergies, or special instructions:

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### PARENT/GUARDIAN INFORMATION

Primary Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I verify that all the above information is correct as of this date.

\_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*