

INFORMATION FORM



Kids!

Child's Name(s):	Gender:	Birthday:	Age:	Grade:
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

Allergies/ Special Needs: _____

Parent/ Guardian Name: _____

Email: _____ Phone Number: _____

Parent/ Guardian Name: _____

Email: _____

Address: _____

City State Zip Code

Photo Permission: _____
(Parent Signature)