2020 Modified Fall Sports Information Form

Child's Last Name:_____**First Name:**_____

Birthday:_____**Gender:**_____ **Grade (as of 9/20):**_____

Household #1

Primary Guardian: _____

Relationship To Child: _____

Additional Guardian:_____

Relationship To Child:_____

Address:_____

City: _____

State:_____ Zip: _____

Home Phone:_____

Cell Phone:_____

Email: _____

Household #2

Primary Guardian: _____

Relationship To Child: _____

Additional Guardian:_____

Relationship To Child:_____

Address:_____

City: _____

State:_____ Zip: _____

Home Phone:_____

Cell Phone:_____

Email: _____

Please Check- If a guardian must be spoken to regarding an issue during program which guardian(s) should be contacted:

Household #1 Primary Guardian____ Household #2 Primary Guardian _____ Both Primary Guardians_____

Emergency Contact #1

Name : _____

Relationship:_____

Phone #:_____

Is this person allowed to Pick-Up the child?

_____

Emergency Contact #2

Name : _____

Relationship:_____

Phone #:_____

Is this person allowed to Pick-Up the child?

_____

Drop Off Authorization

If there are people **besides** the parents/guardians listed above who have permission to drop off your child(ren), and have your permission to answer the health screening questions please list them here. **NOTE: We will only allow persons whose names appear on this form to answer the health screening questions.**

1. Name:_____ **Relationship To Child:**_____

Address:_____ **Phone:**_____

2. Name:_____ **Relationship To Child:**_____

Address:_____ **Phone:**_____