

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Texting: Yes / No Birthday:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Facebook: Yes / No

List other school activities: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

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

Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_