



<b>Name:</b>		
<b>Address Line 1:</b>		
<b>Address Line 2:</b>		
<b>City/State/Zip:</b>		
<b>Phone (Home):</b>	<b>Phone (Cell):</b>	
<b>Parent/Guardian Name (1):</b>		
<b>Home Address 1:</b>		
<b>Home Address 2:</b>		
<b>City/State/Zip</b>		
<b>Phone (Home):</b>	<b>Phone (Cell):</b>	<b>Phone (other)</b>
<b>Parent/Guardian Name(2):</b>		
<b>Home Address 1:</b>		
<b>Home Address 2:</b>		
<b>City/State/Zip</b>		
<b>Phone(Home):</b>	<b>Phone (Cell):</b>	<b>Phone (other)</b>
<b>If Parents/Guardians are divorced/separated who has legal custody?</b>		
<b>In the event of an emergency, and the Parents/Guardians cannot be reached, please list 3 additional Contacts</b>		
<b>Name:</b>	<b>Relation:</b>	
<b>Phone 1:</b>	<b>Phone 2:</b>	
<b>Address 1:</b>		
<b>Address 2:</b>		
<b>City/State/Zip:</b>		
<b>Name:</b>	<b>Relation:</b>	
<b>Phone 1:</b>	<b>Phone 2:</b>	
<b>Address 1:</b>		
<b>Address 2:</b>		
<b>City/State/Zip:</b>		
<b>Name:</b>	<b>Relation:</b>	
<b>Phone 1:</b>	<b>Phone 2:</b>	
<b>Address 1:</b>		
<b>Address 2:</b>		
<b>City/State/Zip:</b>		
<b>Any known allergies:</b>		
<b>Health/Medical Conditions:</b>		
<b>Primary Doctor's Name:</b>		
<b>Phone Number:</b>		
<b>Preferred Emergency Care facility:</b>		
<b>Phone Number:</b>		